

		ARRIVAL:	1ST SKI DAY:	LAST SKI DAY: ____/____/____
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NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

CELL PHONE: _____ LOCAL LODGING: _____

EMAIL: _____

DATE ____/____/____

TIME: _____

INITIALS: _____

A	NAME: _____	HEIGHT: ____ ft ____ in	WEIGHT: ____ lbs	BOOT/SHOE SIZE: ____
	SKIER TYPE: I II III	AGE ____ Male Female	DAMAGE INSURANCE: YES NO	

SKIS - CM - #	BOOTS - SIZE - #	MM	CODE	L	VIS	R	P	TI	OUT	IN	DAYS	Q	AMOUNT

B	NAME: _____	HEIGHT: ____ ft ____ in	WEIGHT: ____ lbs	BOOT/SHOE SIZE: ____
	SKIER TYPE: I II III	AGE ____ Male Female	DAMAGE INSURANCE: YES NO	

SKIS - CM - #	BOOTS - SIZE - #	MM	CODE	L	VIS	R	P	TI	OUT	IN	DAYS	Q	AMOUNT

C	NAME: _____	HEIGHT: ____ ft ____ in	WEIGHT: ____ lbs	BOOT/SHOE SIZE: ____
	SKIER TYPE: I II III	AGE ____ Male Female	DAMAGE INSURANCE: YES NO	

SKIS - CM - #	BOOTS - SIZE - #	MM	CODE	L	VIS	R	P	TI	OUT	IN	DAYS	Q	AMOUNT

LEASE	SPORT PKG.	PERF. PKG	DEMO PKG	DEMO SKI	BOARDS	HELMETS	DAMAGE INS.	DEMO SALES	RETAIL	T-SHIRTS	MISC/DISC.

A	B	C	Customer requests different binding settings	INITIALS _____	OUT / IN	\$\$

SUBTOTAL	
TAX	
REPAIR/OTHER	
TOTAL	
PAYMENT	
DATE PD / INITIALS	

		ARRIVAL:	1ST SKI DAY:	LAST SKI DAY: ____/____/____
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NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

CELL PHONE: _____ LOCAL LODGING: _____

EMAIL: _____

DATE ____/____/____

TIME: _____

INITIALS: _____

A	NAME: _____	HEIGHT: ____ ft ____ in	WEIGHT: ____ lbs	BOOT/SHOE SIZE: ____
	SKIER TYPE: I II III	AGE ____ Male Female	DAMAGE INSURANCE: YES NO	

SKIS - CM - #	BOOTS - SIZE - #	MM	CODE	L	VIS	R	P	TI	OUT	IN	DAYS	Q	AMOUNT

B	NAME: _____	HEIGHT: ____ ft ____ in	WEIGHT: ____ lbs	BOOT/SHOE SIZE: ____
	SKIER TYPE: I II III	AGE ____ Male Female	DAMAGE INSURANCE: YES NO	

SKIS - CM - #	BOOTS - SIZE - #	MM	CODE	L	VIS	R	P	TI	OUT	IN	DAYS	Q	AMOUNT

C	NAME: _____	HEIGHT: ____ ft ____ in	WEIGHT: ____ lbs	BOOT/SHOE SIZE: ____
	SKIER TYPE: I II III	AGE ____ Male Female	DAMAGE INSURANCE: YES NO	

SKIS - CM - #	BOOTS - SIZE - #	MM	CODE	L	VIS	R	P	TI	OUT	IN	DAYS	Q	AMOUNT

LEASE	SPORT PKG.	PERF. PKG	DEMO PKG	DEMO SKI	BOARDS	HELMETS	DAMAGE INS.	DEMO SALES	RETAIL	T-SHIRTS	MISC/DISC.

A	B	C	Customer requests different binding settings	INITIALS _____	OUT / IN	\$\$

SUBTOTAL	
TAX	
REPAIR/OTHER	
TOTAL	
PAYMENT	
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		ARRIVAL:	1ST SKI DAY:	LAST SKI DAY: ____/____/____
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NAME: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
CELL PHONE: _____ LOCAL LODGING: _____
EMAIL: _____

DATE ____/____/____
TIME: _____
INITIALS: _____

A	NAME: _____	HEIGHT: ____ft ____in	WEIGHT: ____lbs	BOOT/SHOE SIZE: ____
	SKIER TYPE: I II III	AGE ____ Male Female	DAMAGE INSURANCE: YES NO	

SKIS - CM - #	BOOTS - SIZE - #	MM	CODE	L	VIS	R	P	TI	OUT	IN	DAYS	Q	AMOUNT

B	NAME: _____	HEIGHT: ____ft ____in	WEIGHT: ____lbs	BOOT/SHOE SIZE: ____
	SKIER TYPE: I II III	AGE ____ Male Female	DAMAGE INSURANCE: YES NO	

SKIS - CM - #	BOOTS - SIZE - #	MM	CODE	L	VIS	R	P	TI	OUT	IN	DAYS	Q	AMOUNT

C	NAME: _____	HEIGHT: ____ft ____in	WEIGHT: ____lbs	BOOT/SHOE SIZE: ____
	SKIER TYPE: I II III	AGE ____ Male Female	DAMAGE INSURANCE: YES NO	

SKIS - CM - #	BOOTS - SIZE - #	MM	CODE	L	VIS	R	P	TI	OUT	IN	DAYS	Q	AMOUNT

LEASE	SPORT PKG.	PERF. PKG	DEMO PKG	DEMO SKI	BOARDS	HELMETS	DAMAGE INS.	DEMO SALES	RETAIL	T-SHIRTS	MISC/DISC.

A	B	C	Customer requests different binding settings	INITIALS _____	OUT / IN	\$\$

SUBTOTAL	
TAX	
REPAIR/OTHER	
TOTAL	
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