

ACTION SKI AND OUTDOOR TOURS

PERSONAL INFORMATION: (Please provide ALL the following information)

NAME: _____ **GROUP NAME:** _____

Please circle one: **MALE** **FEMALE**

SHOE SIZE: Men's _____ Women's _____ Child's _____

WEIGHT: _____ **HEIGHT:** _____ **AGE:** _____

PHONE NUMBER _____

EQUIPMENT NEEDS: (Check one)

_____ STRAIGHT SKIS

_____ SHAPED SKIS

_____ SALOMON XSCREAM SKIS

SKIERS PLEASE STATE PREFERRED SKI LENGTH: _____ (OPTIONAL: If you are unsure, leave this blank and Action Ski will use the information above to determine the proper length for you.)

_____ STANDARD SNOWBOARD

_____ SALOMON DEMO BOARD

SNOWBOARDERS PLEASE CHECK ONE OF THE FOLLOWING:

_____ GOOFY (Left foot dominant – right foot forward/left behind)

_____ REGULAR (Right foot dominant – left foot forward/right behind)

ABILITY LEVEL:

_____ Conservative _____ Moderate _____ Aggressive/ Advanced

ADDITIONAL NEEDS: (The following items are available for an additional fee)

_____ BIB SIZE: _____ (Bibs run small. Sizes: Men's S-4XL, Women's 4-14, Youth S-XL)

_____ GLOVE SIZE: _____ (Men's S-XL, Women's S-L, Youth S-L)

_____ GOGGLE One size fits all.

_____ SET: BIB, GLOVE, GOGGLE Please mark sizes above for bib & gloves

_____ GROUP LESSON

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