



PO Box 991, Golden, BC, V0A 1H0
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www.canadianpowder.ca

Date: _____
Name: _____
Address: _____

Telephone (Home): _____
Telephone (Cell): _____
E-mail: _____

Do you wish to join our mailing list for updates on Canadian Powder Skiing Adventures?
Your e-mail address will never be shared with advertising agencies. Y / N
Age: _____

Emergency Contact Information:

Name: _____
Telephone: _____
Address: _____

What level of skier or snowboarder are you?

What is your skiing / snowboarding experience?

What is your fitness level?

All medical information will be kept strictly confidential. It is required for the safety of you and the group. It will only be shared between the manager and guide of your trip.

Are you currently taking any medications? If so for what?

Please let us know of any pertinent medical history or conditions which may affect your ability to participate on a day of skiing with us. Please explain any ways in which we may adapt our day to suit your condition.

Do you have any allergies? Please list.
