Contact Information	
First Name:	Last Name:
Address:	
City, State, Zip:	
Daytime Phone:	Evening Phone:
Email Address:	

Equipment Rental Reservations	
First Day of Skiing:	Last Day of Skiing:
Ski Resort Address:	
Number of People Renting Equipment:	Are *All* People Skiing the Same Number of Days:

Credit Card Information		
Name on Credit Card:		
Credit Card Number:	Expiration Date:	Verification Code:

Name	Helmet	**Rental Packages**					Age	Sex	Ht	Wt	Street Shoe Size	First Time	If No Indicate Equipment Length Wanted
	Y/N	Advanced Skis	Performance Skis	Snow Board	Snow Blades	X-C						Y/N	