Volunteer and Chaperone Registration Form

To be returned to the school

Where: Castle Mountain Resort When: _____

……

Please complete the following information:

Name: _____ Phone:_____

Please circle NO or YES for each option and the associated cost

	NO	YES	COST	Amount Owing
Lift Ticket	No – I have a season's pass	YES	TBD	
Rentals	No – I have my own equipment	YES – complete rental information below	$25.20	
Helmet Only	NO	YES	$3	
Lesson (Optional)	NO	YES	$22	
Lunch Voucher	NO	YES – includes hot dog, hamburger, or cheeseburger with fries and a small beverage	$14	
TOTAL COST – please enclose cash or cheque for exact amount payable to:				

Rental Agreement and Information

CIRCLE ONE Type of Equipment: **SKI** or **SNOWBOARD**

NAME (Adult)	Height (cm)	Weight (kgs)	Foot Length (cm) *From big toe to heel*	Skier/Snb Type

I, _____ agree to accept full responsibility for the care of this equipment while it is in my possession. I agree to reimburse the resort for any loss or damage to the equipment other than reasonable wear resulting from its use.

SIGNATURE: _____

Lessons (Optional)

Ability Level (Choose one): 1 2 3 4 5