



*Taking you higher...*

## North Shore Adventures Registration

Clinic \_\_\_\_\_ or Private/Semi-private \_\_\_\_\_ Dates \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Best phone # \_\_\_\_\_

Ability level \_\_\_\_\_ Need equipment? \_\_\_\_\_

Allergies or medical conditions \_\_\_\_\_

Dietary needs or restrictions \_\_\_\_\_

In case of emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

By signing below I declare that I am fit to ski and have disclosed all pertinent health information:

Sign \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Payment is required at time of booking- 10% down holds your spot, balance required 21 days in advance. No refunds, only credits given within 14 days of tour.

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV # \_\_\_\_\_

Amount \$ \_\_\_\_\_ Balance due \_\_\_\_\_

Additional info, questions, or comments

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Thank you!



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