

ENDLESS TURNS, L.L.C.

Backcountry Skiing/Snowboarding Trip Registration Form

Name _____
Address _____
City _____ State/Country _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

Tour and date of tour you are signing up for: _____

Passport Information:

Full Name (as it appears): _____
Passport Number: _____
Date of Issue: _____ Place of Issue: _____
Expiration Date: _____ Place of Birth: _____
Birthdate: _____

Ability level of skier/ snow boarder:

Type of terrain that you mostly ski: _____

Places you've skied (resort & back country):

Current Physical fitness and activity levels:

Emergency Contact:

Name _____
Phone _____ Cell _____
Address _____

Any medical conditions? Yes ___ No ___ If so, explain in detail:

Any allergies: Yes ___ No ___ If so, explain:

**Any dietary restrictions: Yes_____ No_____ If so,
explain:**_____

**Are you currently taking any medications: Yes___No___If so,
explain:**_____

Health Insurance Info:_____

Phone number:_____

Address:_____

Travel Insurance Company Info:_____

Trip Deposit (see reservation policy):

\$ _____

*Credit cards, Money Orders, and Cashier's Checks are all accepted. Discounts will be given for payment made by checks, money order, and cashier's checks.

Signature_____Date_____