



Sovereign Lake NORDIC CLUB **Adaptive Skiers**
ADAPTIVE SKIER REGISTRATION FORM



Full Name: _____

Mailing Address: _____

Email Address: _____ Age: _____ Sex: **M** **F**

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact Name: _____ Phone: _____

Disability: _____ Height: _____ Weight: _____

YOUR SKIING ABILITY: None Intermediate Advanced

Preferred Days to Ski

(circle days available to ski and number in order of preference)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Please notify your volunteer in advance if you cannot make your prearranged ski time.

Signature: _____ Date: _____

Mail to:

SLNC Adaptive Skiers ^{c/o}
 Randy Schellenberg
 4800 Ploeger Rd, Vernon, BC
 V1B 3H9

Fax to: 250-549-2460

Email to: rschell@shaw.ca