

REGISTRATION AND INFORMATION

Please complete all sections and
return to Mustang Powder



Mustang Powder

Dates Booked _____

Group Organizer (If Applicable) _____

Mr _____ Mrs _____ Ms _____ Dr _____ Name _____

Address _____

City _____ Province / State _____ Postal / Zip Code _____

Country _____ Date of Birth _____

Home Phone _____ Business Phone _____

Fax _____ Cell Phone _____

E Mail _____

I would like to share a room with _____

Emergency Contact : Name _____ Relation _____

Phone Numbers _____

List any special dietary requirements (i.e. vegetarian, allergies, etc.) _____

List any medical conditions - this information is required in case of emergency and is confidential (i.e. allergies, contact lenses, prescription drugs, etc.) _____

Please check which years you have skied with us:

98/99 _____ 99/00 _____ 00/01 _____ 01/02 _____ 02/03 _____ 03/04 _____ 04/05 _____ 05/06 _____ 06/07 _____

How did you first heard about us ? _____

Evacuation Insurance

Mustang Powder offers insurance to cover the costs should you need to be evacuated from the mountain due to an injury. The cost is \$5.00 per day. If you choose not to be purchase this insurance you will be responsible for all costs related to an evacuation. Please read the General Information & Rates Booklet for more information.

_____ Yes, I want to purchase evacuation insurance

_____ No, I do not want to purchase evacuation insurance and I am aware that I will be personally responsible for all extra costs should I need to be evacuated. I am providing a credit card number to cover these expenses.

Visa Number _____ Expiry Date _____

Name on Card _____ Signature _____

I have read and understand all booking and cancellation conditions. I am also aware of the ability level necessary participate in Mustang Powder's cat skiing holidays. I understand that I will be required to sign a Release of Liability and Waiver of Claims Agreement prior to skiing. I certify that all information in this registration form is true and correct.

Signature : _____ Date : _____

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