

BABES IN THE BACKCOUNTRY

Babes Info Sheet: Alpine/Telemark/Snowboard Workshops

Name: _____ Name you prefer to be called: _____

Cell phone: _____ Email: _____

Course and Date: _____

How did you hear about the Babes in the Backcountry? _____

How did you hear about this specific course? _____

Are you a Babes Alumna? _____

Medical Info:

- Dietary Concerns: _____
- Major Health Concerns: _____
- Are you on any medications: _____
- Any past injuries: _____
- Do you have health insurance? _____
- DOB/Age: _____

What are you hoping to get out of this workshop/Clinic/Trip?

Any concerns about the Workshop/Trip? _____

Please tell us about your skiing/riding ability: _____

For the Workshop, I will be using: Please specify the brand and style

- Telemark: _____
- Alpine: _____
- Snowboard: _____
- Snow shoes: _____

Gear I will need for the weekend. Demo Equipment is based on ability/sizes. Additional equipment can be rented at discount at several retail locations in the area. We will contact you via email to confirm availability.

- Adjustable Ski Poles: _____
- Telemark Skis: (height _____ weight _____ Shoe size _____)
- Telemark Boots: (Shoe size _____)
- Alpine Skis: (Height _____ Weight _____ Shoe size _____)
- Snowboard: (Height _____ Weight _____ Shoe size _____)
- Snow shoes: (Shoe size _____)
- Cross Country Skis/Boots: _____