

Information Sheet

Please fill out one sheet FOR EACH participant!

Name of Participant:			
Age:			
Male or Female:			
Level of Skiing (please insert "x"):	<input type="checkbox"/> Advanced	<input type="checkbox"/> Middle	<input type="checkbox"/> Beginner
Address			
Contact Details: Mobile telephone number			
Need for Ski Equipment Rentals (please insert "x"):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(\3,000 per day for skis, shoes and stocks):	body height: _____ (cm)	Shoe size: _____ (cm)	

insert "X" below as appropriate		
Skiing preferences: (choose from a to c), availability depends on number of participants for each option!	<input type="checkbox"/>	a) Downhill Skiing: 1) Skiing as a group with ski instructors, or 2) Skiing as individuals without ski instructors.
	<input type="checkbox"/>	b) Cross Country Skiing (Langlauf)
	<input type="checkbox"/>	c) Snow-shoeing
Room Preferences: a) Want to stay also on Jan.25 (Fri.) night (please insert "x")?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Do not mind sharing a room with participants other than family members/ friends (please insert "x")?	<input type="checkbox"/> YES, sharing ok	<input type="checkbox"/> NO, no sharing please
c) Type of Rooms?	<input type="checkbox"/>	1) Double
	<input type="checkbox"/>	2) Triple
	<input type="checkbox"/>	3) Other, e.g. a supplement bed: