DOWNHILL SKIING TOTAL # _____ **STUDENT SUMMARY SHEET** **Page: _____ of _____**

Hidden Valley Highlands Ski Area

Phone (705) 789-1773 **Fax (705) 789-7140**

Elective Day: _____ **Arrival Time: _____** **Elective Dates: _____**

School Name: _____ **Contact Name: _____** **Phone #: _____**

Ability: "N" Never skied before "B" Beginner "I" Intermediate "A" Advanced

Student Name	**Age**	**Ability**	**Equipment Rental Required**	**Helmet Required No Charge**	**Height (cm/inches)**	**Weight (kg/lbs)**	**Shoe Size**	**Pro Shop Use Only** Ski Size / Boot Size / Track Setting / DIN
Bobby Smith	12	B	(✔)	(✔)	4' 5"	100	6	SAMPLE

DOWNHILL SKIING **STUDENT SUMMARY SHEET** **Page: _____ of _____**

School Name: _____ Contact Name: _____ Phone #: _____

Student Name	Age	Ability	Equipment Rental Required	Helmet Required No Charge	Height (cm/inches)	Weight (kg/lbs)	Shoe Size	Pro Shop Use Only Ski Size Boot Size Track Setting DIN
Bobby Smith	12	B	(✔)	(✔)	4’ 5”	100	6	SAMPLE
TOTAL STUDENTS:								