



Please complete all sections and return via e-mail, fax or mail to MPS with the balance of your payment.

Group Organizer (If Applicable) \_\_\_\_\_  
Dates Booked \_\_\_\_\_  
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 \_\_\_\_\_  
Emergency Contact: Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
All Available Phone Numbers \_\_\_\_\_

**I would like to share a room with** \_\_\_\_\_  
**\*\*\* 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 Monashee Powder Snowcats:  
98/99\_\_99/00\_\_00/01\_\_01/02\_\_02/03\_\_03/04\_\_04/05\_\_05/06\_\_06/07\_\_07/08\_\_08/09\_\_09/10\_\_  
How did you first hear about Monashee Powder Snowcats? \_\_\_\_\_

### Evacuation Coverage

Your invoice has an added \$5.00 per day coverage to pay the costs should you need to be evacuated from the mountain due to a serious injury. If you chose NOT to purchase this coverage you will be responsible for all costs related to an evacuation. The General Information & Rates Booklet you received has more information.

\_\_\_ Evacuation insurance was included on the invoice and paid.  
\_\_\_ Yes, I want to purchase evacuation insurance and will pay \$5.00 x \_\_\_ days now.  
\_\_\_ 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.  
Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

I have read and understood all booking and cancellation conditions. I am also aware of the ability level necessary to participate in MPS' cat skiing holidays. I understand that I will be required to sign a **Release of Liability and Waiver of Claims Agreement** upon arrival at the meeting place. I certify that all information in this registration form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_