

# LOOKOUT PASS SKI AREA

## Ski P.E. Registration Form

School Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day(s) you would like to visit Lookout Pass Ski Area: \_\_\_\_\_

\_\_\_\_\_

Approx. # of People: \_\_\_\_\_

Approx. # of Rental Skis: \_\_\_\_\_

Rental Snowboards: \_\_\_\_\_

Approx. # of Chaperones/Parents: \_\_\_\_\_

Approx. # of Scholarships: \_\_\_\_\_

Any special Considerations?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Comments?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form with completed rental forms to: [Lookout Pass Ski Area, P.O. Box 108, Wallace, ID 83873](#) or FAX to (208) 744-1227