



Summer Reservation Form 2009

Contact Name: _____

Group Name: _____

Contact Phone: _____

Email: _____

**Contact should be the person available the morning of the program to get in touch with in case of weather cancellations or questions about invoices. This person is also responsible for every group member bringing their paperwork (client profile and two waivers)*

Send invoice to: _____

Participants:

	Name	Age	Disability
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

Number of Support Workers: _____

Activity:

Please provide dates and whether you would like to come AM or PM on space provided. Dates are not confirmed until you have received a confirmation from us.

Sail: _____

Paddle: _____

Cycle: _____

Climb: _____

Other _____

Additional comments/needs of group:

Feel Free to contact me with any questions or concerns:

Maggie Burke
Program Coordinator at Sugarbush
Vermont Adaptive Ski & Sports
Sports for Every Body
PO Box 1393
Waitsfield, VT 05673
(cell) 802-343-1193