

Confidential Participant Information

Name _____

Address _____

Phone _____

Email Address _____

Used only to contact you if plans need to be changed and to give you each session's syllabus for the week.

Do you have any medical conditions you would like us to know about?

Number of years skiing _____

Favorite Race _____

Favorite Place to Ski _____

What would you like to improve in you XC skiing?

What are your most important xc ski goals this year?

Emergency contact information:

Name: _____

Contacts phone number: _____