SNOWWATER CLIENT CONFIRMATION FORM Please FAX back to: **250-359-7650**

Name:_____ Trip Dates_____

Name of Group organizer_____

Mailing Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

E-mail _____

Phone Number _____ Cell number _____
(So that we can reach you if you are late on the road!)

Emergency Contact Name _____

Relationship to _____ Emergency Contact Number_____

Special diet or food restrictions!!_____
This is very important for our chef.

Medical Conditions/Allergies _____

Ski Rentals ($25/day)
Please indicate if you will need skis: yes_____ no _____

Poles Yes _____ no_____

Boot Size (we do not rent boots)_____Ski Length_____

MANDATORY Please Check beside each bullet to show that you have done the following:

- _____I have read, understand, and accept all Snowwater terms and conditions, including age restrictions, refund, cancellation and late arrival policies.
- _____I understand that I must sign a Release of Liability, Waiver of Claims, Assumption if risks and Indemnity Agreement when I arrive.
- _____I have read and understand that insurance has been recommended. I am responsible for payment of heli evacuation if I am injured and need to be flown out.

Method of Payment

Please check one: credit card_____ Certified cheque_____ Bank wire_____ Other _____

Credit card type_____ (MC, VISA or AMEX only)

Card Number _____

Expiry Date _____(month) _____(year) Security Code (3 or 4 digit off the back of the card) _____

Please indicate if you will be using a different method of payment for the final balance, due 60 days before your trip.

Yes_____ No _____

Signature_____

Date _____(day/month/year)_____