



**WHAT ARE YOUR GOALS FOR THE FUTURE?**

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**HOW DO YOU SEE YOURSELF BENEFITING FROM THE MOUNTAIN SKILLS SEMESTER?**

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**AFTER THE SEMESTER DO YOU PLAN ON APPLYING FOR FURTHER TRAINING?**

yes  no

**IF YES, WHO WOULD YOU LIKE TO APPLY TO:**

THOMPSON RIVERS UNIVERSITY  OTHER (NAME):

**DO YOU PLAN TO SKI ON:**  Telemark skis  Randonee (Alpine Touring)  Don't know yet

**HOW WOULD YOU RATE YOUR SKIING ABILITY:**  Beginner  Intermediate  Expert

**DO YOU HAVE ANY DIETARY RESTRICTIONS OR REQUIREMENTS?**

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**EMERGENCY CONTACT INFORMATION #1**

NAME

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ADDRESS

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PHONE NUMBER

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**EMERGENCY CONTACT INFORMATION #2**

NAME

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ADDRESS

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PHONE NUMBER

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