Please complete and return by: _____ Page _____ of _____

Phone: 800-285-7273

CTI GROUP ADVENTURES

SUGAR MOUNTAIN TRIP ROSTER

BE SURE TOTAL NUMBER OF PEOPLE ON THIS FORM MATCHES NUMBER ON ROOMING LIST

Group Name: _____ **Leader Name:** _____

Rental Equipment P/U Time _____ **date** _____

Participant Name	Age	Equipment Needs		Clothing	Lessons
		F	Full Ski Package	**Please indicate:** If not included in package Tubing and/or lessons are an additional charge **Tubing sessions:** 1000am-12n/12n-200pm 200pm-400pm/400pm-600pm	
SPECIAL NOTES:					
1. All information must be completed.		**SB**	Snowboard upgrade		
2. Snowboards cannot be guaranteed.		**O**	Has Own Equipment		
		X	Non-skier/Non-boarder		
		Indicate only one equipment type per person.		**Tubing date and session**	**Y=lesson needed N=No lesson**

CTI recommends that all first-time and beginner skiers/boarders take a lesson!