



To complete this form using a printed copy, print this pdf, fill in all blanks, and send or fax to:

North Cascade Heli
 PO Box 367
 Winthrop, WA 98862
 fax: 509.996.3273

To complete this pdf form electronically, please fill in all text boxes, save on your computer, and e-mail to:

info@heli-ski.com.
 For more information:
 1.800.494.HELHI
 tel: 509.996.3272

REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____

E-mail: _____ Fax: _____

Date of birth:	Height:	Weight:	Will you be using our complimentary powder skis?	
Equipment type:	Ability level:	Sex: M F	Yes	No
Skis	Intermediate			
Snowboard	Advanced			
	Expert			

Choice of program:	Program dates:
3-day heli-ski program single room shared room*	First choice: _____
1-day heli-ski program	Second choice: _____
1-day w/ west side pick-up	Third choice: _____
Exclusive helicopter use	*Roommate: _____
4-day backcountry yurt tour	Lunch sandwich choice:
1-day nordic super-tour	Veggie Roast beef Turkey Variety (3-day only)
1-day heli-assisted backcountry tour	Please list food allergies or dietary restrictions:

Others in your group: _____

Heli-skied before? Yes No If so, where/when? _____

How did you hear about NCH? _____

Payment method:	Deposit amount:	\$ _____	(US funds only. Include Washington State sales tax of 7.7%. Make checks payable to North Cascade Heli)
Check	7.7% WA state sales tax	\$ _____	
Credit card	Total enclosed	\$ _____	
Visa Mastercard Card #/exp. date:			

Are you a Stevens Pass Season Pass or Advantage Card holder? Yes No

Authorization to charge credit card for balance of program cost 30 days prior to first scheduled date? Yes No

Do you have any medical problems we should be aware of? Yes No
 If yes, please explain: _____

Are you currently taking any medications? Yes No
 If yes, please specify: _____

Emergency contact: _____ Phone: _____

Participant's signature: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

(If participant is a minor)