

Each participant must complete a registration form. Photocopies are allowed.

There will be a special door prize drawing for those who sign up and pay by 12-3-17!

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age on 2-3-18 \_\_\_\_\_

Make check payable to: Fort Wayne Ski Club

Mail to: Lima Road Dentistry  
 9019 Lima Road  
 Ft. Wayne IN 46818  
 Attn: snowdoc

Trip Fee \_\_\_\_\_  
 Rental Fee \_\_\_\_\_

**Snow Total Enclosed** \_\_\_\_\_

**Additional Honor Flight donation** \_\_\_\_\_

**WAIVER-** I know that snowboarding, snowskiing, snow tubing and getting on and off buses are potentially hazardous activities. I should not take part in this event unless I am medically able. I assume all risks associated with this event. In consideration of my participation in this event, I, for myself, my heirs, executors, personal representatives, administrators, assigns or anyone entitled to act on my behalf, waive and release the organizers, volunteers, Lima Road Dentistry, Dr. Hal Atkinson, the Fort Wayne Ski Club, Honor Flight of NE Indiana, and all other sponsors from all claims and liabilities, actions, demands or damages of any kind arising out of my participation in this event.

Participant's signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 If under 18, Parent's or Guardian's signature \_\_\_\_\_