Please complete and return by: _____ Page _____ of _____

Phone: 800-285-7273 **CTI GROUP ADVENTURES** **Fax: 908-547-6884**

EXTREME TRIP ROSTER

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

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

Participant Name	Equipment Needs			
SPECIAL NOTES:	***F***	Full Ski Package		
1. All information must be completed.	**SB**	Snowboard upgrade		
	B	Blades/Ski board upgrade		
	O	Has Own Equipment		
	X	Non-skier/Non-boarder		
2. Snowboards, blades, etc. cannot be guaranteed.	**T**	Tubing (where available)		
	Indicate only one equipment type per person.		Date of Birth mm/dd/year	Y= lesson N=No lesson

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