



**SHAWNEE MOUNTAIN SKI AREA
CAMP SHAWNEE REGISTRATION FORM
2016/2017 SKI SEASON**

Date of your trip to Shawnee Mountain Ski Area: ____/____/____

Parent(s) Name: _____

Child's Name: _____

Child's Age: _____ Child's Date of Birth: ____/____/____

Allergies: _____

Name of Parent Responsible for Pick-Up: _____

Parent's Location for the Day: _____

My Child's Routine: _____

Name of Siblings Attending: _____
