STUDENT LIST **School Name**

Att: Holly Tattrie Date_____

Email rentalshop@skiwentworth.ca
Rental Shop 548-2089 ext. 233
Alphabetical order, last name first
Teachers/Chaperones at the end.

#	Name	Rental # or own gear	Type: Ski or Board	Weight	Height	Ability Level: N/1/2/3	DIN

Ski Technician Name_____Sign Name_____Date_____