CANADIAN ADAPTIVE SNOWSPORTS SPORTS DE GLISSE ADAPTÉS CANADA

Special Event Membership Form

Date of Birth																			
sections equired Pa	articipant First Name	Last Name	Participent Mailing Address	Town / City	Province	Postal Code	Phone Number	DD/MM/YY	AGE	Email address	Program/club	CADS MEMBERSHIP TYPE	Type of Disability (if a student)	Sid or Snowboard ?	Are you apart of a CADS Program or Snow Resort staff?	Snow Resort Name	CADS WAIMER SIGNED	Approves use of Photos? Yes or No	REE
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PLEASE SEND FORM TO amy@cads.ski along with payment

Total Fees: \$