

2017 Alaska Mountain Wilderness Ski Classic-Gates

Application and Registration

*Application, Registration, Release & Entry Fees must be received by Friday, March 24, 2017

Name		Age	Sex
Mailing Address			
City	State	Zip	
Phone(Day)	(Evening)		(E-mail)
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Emergency Contact(Name)	(Phone Number[s])	
Satellite Phone		_	
Entry Fee \$300/participant			
Commemorative Garment Size:	Small Med La	arge X	-Lg XX-Lg
C	Qty:		
(The cost of one garment is covered by the eof the event based on availability.)	event registration fee – additio	onal garmen	ts can be purchased at the fir
Have you given your emergency contac	t a copy of your intended r	route?	
Yes No			
Oo you intend to participate with a partn	er or team mate?		
Yes:	,		No
(Name) Describe your intended route:) (Phone Numb	ber)	
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Alaska Mountain Wilderness Ski Classic HC 72 Box 850, Tok, AK 99780 Phone: (907) 291-2339 Fax: (907) 291-2333 e-mail: summitctok@aol.com http://www.scsalaska.com/ski/default.asp

Signature	Date	Date
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