

TSC / FSA
Crested Butte 2012

Name _____

Address _____

Phone # _____

Email address _____

Will you be riding the bus? Y N

Number of days skiing _____

Will you need rental equipment? Y N

Additional Information _____

Checks made payable to: Topeka Ski Club. Please return this completed form along with your payments to: Topeka Ski Club c/o FSA Ski Trip PO Box 2071 Topeka KS 66601