

IDENTIFICATION IS REQUIRED TO RENT EQUIPMENT - PLEASE HAVE READY FOR CASHIER

SASQUATCH LIMITED PARTNERSHIP
20955 HEMLOCK VALLEY ROAD, AGASSIZ, BC V0M 1A1
PHONE: (604) 797-4411

EQUIPMENT RENTAL FORM**0001**FIRST LETTER
OF LAST NAME

DATE OF HIRE

DATE OF RETURN

NO. OF DAYS

MM DD YY

MM DD YY

YOUR STATISTICSMale Female

Equipment is due back when the lifts close on the date of return.

Skier Type (Circle One)

Weight

Height

Age

 1 2 3
 | |
 | |
 |

lbs./kg

ft./in. / cm

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

PHONE _____ POSTAL CODE _____

E-MAIL _____

LOCAL ACCOMMODATION _____ LOCAL PHONE NUMBER _____

VISIT US ONLINE AT www.sasquatchmountainresort.ca

**CUSTOMER
PLEASE CHECK
ITEMS
REQUIRED
BELOW**

DAMAGE WAIVER
 \$4
YES NO
FOR OFFICE USE ONLYSkier
Release
Code
Visual Indicator
Settings

L.TOE	R.TOE
L.WHEEL	R.WHEEL

Requested
Settings

L.TOE	R.TOE
L.WHEEL	R.WHEEL

Skis Inventory Number _____Snowboard _____Boots _____Ski _____Board _____Poles _____Helmet _____Snowshoes _____

To prevent ski and snowboard theft I have been
advised to not leave my equipment
unattended. **INITIAL**

BOOT SOLE LENGTH _____ MM

USER INITIAL _____

TOTAL \$ _____

TECHNICIAN _____

**I HAVE READ THE RELEASE OF LIABILITY
& WAIVER AGREEMENT ON THE BACK OF
THIS FORM. I VOLUNTARILY AGREE TO
THE TERMS OF THAT AGREEMENT.**

**USER'S
INITIALS**