



CONTACT FORM FOR SKIERS, TUBERS, AND BACKCOUNTRY

Last Name _____

First Name _____

Phone _____

Email _____

- I attest that I understand and will be in compliance with Vermont's travel and quarantine policies as detailed on the following website:
<https://www.healthvermont.gov/covid-19/travel-quarantine>
- I understand that failure to comply with Vermont's travel and quarantine policy may result in loss of future skiing, riding and tubing privileges.

I attest that the statements above are true and accurate.

Signature _____

Date _____