



CONTACT TRACING

(1 PER BUBBLE)

MUST HAVE INFO FOR NORTHERN HEALTH

FIRST NAME: _____

LAST NAME: _____

TOTAL BUBBLE MEMBERS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

OTHER INFO TO SUPPORT PK

TOWN WHERE YOU LIVE: _____

POSTAL CODE: _____

AGE RANGE: UNDER 18 18-35 35-50 OVER 50

SKI LEVEL: BEGINNER INTERMEDIATE EXPERT

ARE YOU STAYING OVER NIGHT? YES NO

HERE WITH: FAMILY FRIEND COUPLE SOLO

ARE YOU: SKIER SNOWBOARDER

THANK YOU FOR YOUR HELP!
AND WELCOME BACK TO POWDER KING!



FOLLOW US AND SHARE YOUR POWDER EXPERIENCE!
#PKALLDAY #TAKEMEBACKTOPK