



high fives

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Name: _____

Age: _____ Birthday: _____ (mm/dd/yyyy) Sex: _____ (male/female)

Birthplace: _____

Current Town: _____

CONTACT

Phone: _____ cell

Address: _____

_____ home

Email: _____

Contact Person: _____

Website: _____

Contact Phone: _____

INJURY INFO (Please attach a separate sheet if necessary.)

Date of Injury: _____

Explanation of Injury:

What is your recovery goal?

Do you have a plan to reach this goal? If so, please provide a brief overview:

How can High Fives help you reach your goal and follow through with your plan?

Doctor: _____

Hospital: _____

Current Mountain: _____

Please complete this form and email to roy@highfivesfoundation.com, or print and mail to: High Fives Foundation, P.O. Box 3212, Truckee, CA 96160.