PAOLI PEAKS

SKI RIDE TUBE

COMMENT FORM

Name _____ Date _____ Time _____

Address _____ Telephone ( ) _____

City _____ State _____ Zip _____

Comment Details: _____

Signature _____

Thank you for taking the time to provide us with your comments.
We appreciate your thoughts and observations!

Office Use:

Manager: _____

Notes: _____

Paoli Peaks; PO Box 67; Paoli, IN 47454 Phone: (812)7234696 Fax: (812) 7232300