



# CALLING ALL SKIERS & BOARDERS



## JOIN THE FTS SKI CLUB!!!

Must be in 5<sup>th</sup> grade or above – (Parents and Older Siblings can join)

**\*\* if your child is in 4<sup>th</sup> grade, arrangements may be possible with accompanying adult. Please contact Mrs. Paquette at [kpaquette@ftschool.org](mailto:kpaquette@ftschool.org)**

### **TRIP DATES:**

January 11, 18, 25, February 1 and 8, 2018

\*Make-up date if needed on February 15, 2018

***Online Registration and payment NOW AVAILABLE!  
Fast, easy and user friendly. Follow the link below.***

**<http://bit.ly/2xdH9WL>**

**Transportation Cost: To be determined when final count is complete (Max: \$ transportation total/persons attending)**

- Cost per trip will be \$900 using Easton Coach. That cost will be divided by the number of students participating.

### **HOW TO REGISTER:**

- Please complete the registration forms and payment online at <http://bit.ly/2xdH9WL>
- Send **FTS Ski/Snowboard Club Participant Choice Form 2017- 2018** no later than November 17th: ATTN SKI CLUB (Paperless backpack)
- Complete PTA waiver and join PTA
- Transportation fee to follow with a final # of participants

### FTS Ski/Snowboard Club Participant Choice Form 2017- 2018

Please fill out the following information for each individual child and return to Mrs. Paquette. Information should all be filled out on Blue Mountain online portal - <http://bit.ly/2xdH9WL>

**Ski Plan Options:** Please indicate whether child will be skiing or snowboarding by circling your plan choice and completing the information below.

Plan	Skiing or Snowboarding?	Price (without discount)
Lift only		\$115.00
Lift and rental		\$160.00
Lift and 5 lessons		\$160.00
Lift 5 lessons and rental		\$225.00
Helmet Rental		\$30.00

My plan choice is \_\_\_\_\_.

Name & grade of Participant: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_.

Name of Parent/Guardian: \_\_\_\_\_.

Telephone # guardian can be reached during activity: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_.

Alternate Contact Person Phone #: \_\_\_\_\_.

Family Physician: \_\_\_\_\_.

Family Physician Phone #: \_\_\_\_\_.

Important Medical Conditions or Restrictions: \_\_\_\_\_.