



Ski/Snowboard Club

Sunburst Ski Hill, Kewaskum, WI

Jan 27, Feb 3, Feb 17, & Feb 24, 2019

Activities:

-Four Sundays of nighttime downhill skiing or snowboarding.

-Includes lift ticket, rental and lesson if desired.

-Able to ski from 4PM - 9PM on each of the nights listed.

-Siblings and friends 18 years of age and under are invited to participate.

-If we have less than 15 kids sign up, the fees for the 4 week program will be \$42 more per person.

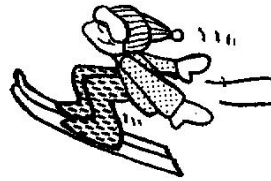
-We are trying to coordinate a merit badge with this activity. More details to come.

Bring:

-Ski Gear
-Ski helmet if you own one

(Helmets are also available for rental)

-Money for concessions



Don't Bring:

- Cell Phones (youth)
- Electronics
- Sheath Knives
- Fireworks
- Radios



Fees:

\$86 - includes Lift Ticket & Ski or Snowboard Rental for the entire 4 week program

-Helmets available for optional rental of \$20.

-Lessons (optional) can be included for an additional \$32.

Emergency Numbers

Diana Bergmann (414) 788-6145

Travel Plans:

Meet at Sunburst at 3:45 PM. Participants are responsible for their own transportation, however, carpool options will most likely be available.

Return permission slip per person by Tuesday, December 11, 2018.

Potawatomi County Council Troop 16

Boy Scouts of America

I hereby grant permission for my child, _____ to go to the Sunburst Ski/Snowboard Club under the leadership of Diana Bergmann. Meet at Sunburst Ski Hill at 3:45 PM each Sunday. _____ number of other siblings or friends 18 or under wishing to participate.

- | | |
|--|---|
| <input type="checkbox"/> Father/Mother will go | <input type="checkbox"/> We can transport _____ persons including driver |
| <input type="checkbox"/> Father/Mother will not go | <input type="checkbox"/> Any condition now requiring medication or treatment: |
| <input type="checkbox"/> Father or Mother can drive out | _____ |
| <input type="checkbox"/> Father or Mother can drive back | |

During this time, I may be reached at:

_____ (_____) _____
Address City Phone

In the event I cannot be reached and emergency medical treatment is required, you may contact:

() _____ OR
Name Phone

() You may authorize medical authorities to prescribe such Treatment.

Date ____/____/____ Signed _____

Return permission slip per person by Tuesday, December 11. No money is due at this time. Ski Forms and Waivers will be sent to each participant later in December and fees will be collected at that time.