PO Box 1354 Choteau MT, 59422 -

www.tetonpassresort.com

PHYISICAL EDUCATION PROGRAM REGISTRATION

(Available Monday to Friday when it is a regular school day for your school, and school is in session.)

Date of Visit_____ **School Name**_____

Person in Charge of Visit_____ **Phone**_____

Instructions:

* List **students'** names **alphabetically** *Revised 11-18-10*
* List **Teachers and Chaperones** on a **separate form**.
* Indicate if the Student is **skiing or snowboarding**,their height, weight and shoe size in mens or womens

*** This form and ALL Rental Forms or Permission Slips MUST be received by Teton Pass at least ONE WEEK before your visit.**

		SKIING	SNOW		womens			level
NAME	Age		BOARD	shoe size	or mens	Height	Weight	1 st time, or level 1,2,3
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								