

❄️ SKI TRIP TO MOUNT KATO ❄️

FEBRUARY 21st, 2010 – GRADES 6-12

On **Sunday, February 21st**, St. John Vianney Youth Ministry in conjunction with Fairmont area churches is sponsoring a bus trip to Mount Kato for a day of skiing and snowboarding. The bus will leave St. John Vianney parking lot at **12:45 PM** and will return at **9:00PM**.

You MUST check in with your church leader before boarding the bus. Tables will be set up inside St. John Vianney School for check in. Plan to check in at 12:30 PM.

The cost breakdown is as follows:

Bus Ride:	\$10.00	Lesson:	\$3.00
Lift Ticket:	\$16.00	Snowboard Rental:	\$16.00
Ski Rental:	\$16.00	(For EXPERIENCED boarders ONLY!)	

You will be responsible for your own food and other needs of the day. It is quite acceptable to bring along a sack lunch. Food is expensive at the snack bar. **WEAR WARM CLOTHING** – jacket, snow pants, mittens or gloves, a hat and warm socks. **The trip will be canceled if:** the weather forecast for Mount Kato is below 10 degrees for the entire day, the travel conditions are poor, OR if there are strong and very cold winds.

Registration forms must be returned with money to **your church leader** by **Wednesday, February 17th**. Please make checks payable to **St. John Vianney Youth**. If you need to cancel, your money will be returned minus the bus fee. If you have any questions, please call Molly Sagerhorn at 235-9064 (office).

REGISTRATION AND MEDICAL RELEASE FORM

My son/daughter has permission to travel to Mount Kato with St. John Vianney and other area churches. By our signature, we waive and release any and all claims for damages whatsoever they may be, especially against St. John Vianney Church, its staff, and other persons connected with this trip. I am aware that if my child becomes a behavior problem, I will be called and arrangements will be made for his/her return trip home at my expense. **All information MUST be provided OR your child will not be able to attend.**

DATE _____ CHURCH YOU ATTEND _____ GRADE _____

YOUTH NAME _____ PHONE _____

In the event of an emergency where medical treatment is required, I give my permission to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Medical Insurance Carrier and Policy Number _____

A phone number where I can be reached during the ski trip is: _____

Parent Signature _____

Participant will need: _____ Bus Ride (\$10.00) _____ Lift Ticket (\$16.00) _____ Lesson (\$3.00)
_____ Ski Rental (\$16.00) _____ Snowboard Rental (\$16.00)

TOTAL DUE: \$ _____

REGISTRATION FORM & MONEY DUE NO LATER THAN WEDNESDAY, FEBRUARY 17TH!