



Snow Fun Experience

(3rd-8th Grade)

Monday, February 18th



The West Allis-West Milwaukee Recreation & Community Services Department is hosting a day of downhill skiing and snowboarding at Sunburst Winter Sports Park in Kewaskum, Wisconsin on Monday, February 18th. There is no school on this day. The cost for this event is \$60; which includes a lift ticket, equipment rental, FREE lesson, and bus transportation. You are welcome to bring your own equipment, the cost for your lift ticket, FREE lesson and bus transportation is \$50.

The bus will depart from Franklin Fieldhouse, 1964 S. 86th St., at 8:30 am and return at approximately 5pm.

It is important to dress according to the weather. Layered clothing is recommended for added warmth.

Participants will need to bring a bag lunch labeled with their name.

Concessions and lockers will be available for purchase during the trip at an additional cost.

Registration: Registration is on a first come, first served basis and will take place at the WAWM RCS Department located at 1205 S. 70th St. (2 blocks north of Greenfield Ave.) Register in person, call 604-4900 with credit card, by mail, by using the drop box located at the south side of the building or by registering online at www.wawmrec.com.

Hours of phone and in-person registration are 8 am-5 pm Monday-Thursday and 8 am-4 pm Fridays.



Cowabunga!

Deadline to Register is Thursday, February 14th.

A parent/guardian must be present at drop off time to complete required consent forms.

Any questions regarding the trip, please contact Amanda Schwichtenberg at 604-4963.

My child has permission to attend the Snow Fun Experience Ski/Snowboard Trip with the West Allis-West Milwaukee Recreation & Community Services Department on Monday, February 18th. I understand that the WAWM RCS Dept. is not responsible for any accidents or injuries that may incur or any lost/stolen item.

Participant's Date of Birth: Month____/Day____/Year____

Name: _____ Age: _____ Grade: _____ School: _____

Address: _____ Home Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Name of Person Paying: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian's Signature: _____

**** This Section Must Be Completed, It Is Important for Proper Equipment Fit****

Weight _____ lbs Height _____ FT. _____ IN. Shoe Size _____ (No Half Sizes)

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\$60 with Equipment Rental
(119000.01)

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\$50 without Equipment Rental
(119000.02)