

Team Alpentel Snoqualmie (TAS Ski Team)  
1809 28th Ave S Seattle, WA 98144 USA  
425 985 6875 – info@tasski.org



To Whom It May Concern:  
I/We,

\_\_\_\_\_  
(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s)) am/are the  
lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:  
Child's full name(s):

\_\_\_\_\_  
Date of Birth(s):

\_\_\_\_\_  
Place of Birth(s):

\_\_\_\_\_  
U.S. Passport Number(s):

\_\_\_\_\_  
Date and Place of Issuance of U.S. Passport:

\_\_\_\_\_  
Child's Full Name(s): \_\_\_\_\_, has my/our consent to  
travel with: Chris Loewy, Chris Ireton, John Thomsen, Gillian Esson.  
Full name of accompanying person: Christopher Loewy, Christopher Ireton, John Thomsen.

\_\_\_\_\_  
Child's Name:

\_\_\_\_\_  
U.S. or foreign passport number:

\_\_\_\_\_  
Date and Place of issuance of this passport:

to visit Canada during the period: **December 12<sup>th</sup> – 14<sup>th</sup>, 2025**

During that period, Child's Full Name(s):

\_\_\_\_\_ will be residing

with: Christopher Loewy at the following

address: 3160 Creekside Way, Sun Peaks, BC V0E 5N0, Canada

\_\_\_\_\_  
Parent's Legal Name:

\_\_\_\_\_  
Parent Residence: \_\_\_\_\_ WA, \_\_\_\_\_

\_\_\_\_\_  
Primary Phone Number: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

\_\_\_\_\_  
Full Name:

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

\_\_\_\_\_  
Full Name(s): \_\_\_\_\_

Signed before me, \_\_\_\_\_, (Full Name of Witness)

this \_\_\_\_\_ at \_\_\_\_\_ (Date) (Name of Location)

\_\_\_\_\_  
Signature: \_\_\_\_\_

Coaches/Guardians: Chris Loewy (425) 985-6875

\_\_\_\_\_  
Date: \_\_\_\_\_

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