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

TEAM ALPENTAL SNOQUALMIE

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, & Van Brassington.
Full name of accompanying person: Christopher Loewy, Christopher Ireton, John Thomsen, Van Brassington.

Child's Name:
_____
U.S. or foreign passport number:
Date and Place of issuance of this passport:
to visit Canada during the period: **December 19th – 22nd, 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)

FullName(s):_____
Signed before me, _____, (Full Name of Witness)
this_____ at_____. (Date) (Name of Location)
Signature: _____

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