



Team Alpental Snoqualmie (TAS Ski Team) 1809 28th Ave S Seattle WA 98144 USA

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 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:
Christopher Loewy, Christopher Ireton.

Full name of accompanying person: Christopher Loewy, Dana Kusakabe, Christopher Ireton.

Child's Name: _____.

U.S. or foreign passport number:

Date and Place of issuance of this passport:

to visit Canada during the period: **November 22nd – December 1st 2024**

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

Parents 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 | Christopher Ireton (206) 618-4469

_____ Date: _____

Chris Loewy

Program Director Team Alpental Snoqualmie (425) 985- 6875 loewy.chris@gmail.com tasski.org