	D.O. Boy 02 * Noihart I	MT FO46F *	Dhana: /106	1226 5522					
P.O. Box 92 * Neihart, MT 59465 * Phone: (406) 236-5522 Fax: (406) 236-5523 * showdownmontana.com									
PHYSICAL EDUCATION PROGRAM REGISTRATION									
Date of Trip:	School:								
Person in Charge of Trip:				Phone:					
Instructions:									
* List students' names alphabetically									
* List Teachers and Chaperones on a separate sheet .									
* Indicate (place a X) in the appropriate columns if student is skiing or snowboarding, if student is renting, and if student is a first timer.									
* Clearly, but descretely indicate which students need scholarships in the Amount Paid Column.									
*Email this form to peprogram@showdownmontana.com upon completion. Include a hard copy in the mailed envelope with the yellow cards.									
* This form and ALL rental cards MUST be rece	eived by Showdown 2	WEEK price	r to the sch	nool's visit.					
				SNOW	NEED TO	1ST			
NAME		GRADE	SKIING	BOARD	RENT?	TIME?	AMOUNT PAID		
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		SNOW	NEED TO	1ST	AMOUNT PAID
GRADE	SKIING	BOARD	RENT?	TIME?	PAID
	GRADE	GRADE SKIING	GRADE SKIING BOARD SHOW BOARD	GRADE SKIING BOARD RENT?	GRADE SKIING BOARD RENT? TIME?

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