

CSTC TEACHER WORKSHEET

DATE: _____

SCHOOL: _____

GRADE: _____

TEACHER/S: _____

	STUDENTS NAME FIRST name (plus initial if necessary)	Level	Male or	Shoe Size	(please leave blank)		
			Female		CSTC Boot Size	Ski	Pole
1							
2							
3							
4							
5							
6							
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Please indicate level of skier as (B) beginner, (I) intermediate or (A) advanced.

(B) Beginner: never been on skis; **(I) Intermediate:** natural athletic ability, or experienced downhill skier;

(A) Advanced: Already a cross country skier and has completed Jackrabbit lessons.

	TEACHER & SUPERVISOR NAME FIRST name (plus initial if necessary)	Level	√ Needs Rental	Male or Female	Shoe Size	(please leave blank)		
						CSTC Boot Size	Ski	Pole
	TEACHER/S							
1								
2								
3								
4								
	SUPERVISORS							
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Please submit, at least **2 Weeks** before the first scheduled lesson, to
youthskischool@caribooski.ca