



170 Beechwood Ln.
Franconia, NH
SecretSockSociety.or
g
SSSNH2014@gmail

Snowsports Sponsorship Application

Date: _____

Student Name: _____

Age _____ Grade _____

Student's Homeroom Teacher: _____

Student's Address: _____

Student's experience if any with skiing/snowboarding: _____

Circle the sport this student is interested in learning – SKIING SNOWBOARDING

Parent/ Guardian Name: _____

Parent/Guardian Phone number: _____

Parent/Guardian e-mail address: _____

As the parent/guardian of a 3rd - 6th student and on behalf of that student I am applying for a Secret Sock Society - Snowsport Sponsorship. I have read the criteria for the program, and I acknowledge that the student I am applying for meets the criteria. I will notify the school office, if for any reason the student named on this application is unable to accept a sponsorship, so another child can participate. I release the Secret Sock Society from all liability.

Parent/Guardian Signature: _____

Student's Signature: _____