



# SC Ski Day Trip

## At Snoqualmie Pass

### Hosted by the Shorecrest 2028 ASB



**Cost Covers:**

-Snacks, Ski Rentals, Ski Lift, and Charter Bus

**Event Details and Itinerary:**

Hosted by SC ASB, the Shorecrest Ski Day Trip will take place on Saturday, February 15th, from 12 pm-6 pm. The Ski Bus will depart SCHS around 12, so participants must arrive no later than 11:15 am. The Ski Bus will arrive at Snoqualmie Pass, and students will be able to size for ski equipment rentals, which is factored into the cost. After a fun day of skiing, the Ski Bus will depart Snoqualmie Pass no later than 5 pm, where students can then be picked up at Shorecrest HS upon arrival.

**Organization & Supervision:**

- This is an SC ASB event and will be supervised by SC Activity Coordinator and Leadership Teacher Johanna Phillips, as well as several parent volunteers
- In addition to the advisors, ASB Senators will help facilitate the day-trip and the general activities throughout the day.

**Saturday, Feb. 15th                      12 pm-6 pm                      Shorecrest High School →**  
**Snoqualmie Pass Summit Ski Resort**

**Cost Covers:**

- Snacks, Ski Rentals, Ski Lift, and Charter Bus

**Camp Fee:                      \$125 per kid    Registration Deadline: Feb 8th, 2026**

- 1) Attach a check payable to “Shorecrest High School” with “SC Ski Day Trip” on the memo line.
- 2) Return this completed Registration Form with a check to the SC ASB Window or mail to Shorecrest High School, 15343 25<sup>th</sup> Ave NE, Shoreline, WA 98155 Attn: Johanna Phillips, Class of 2028.

Questions: Please contact [johanna.phillips@ssd412.org](mailto:johanna.phillips@ssd412.org) - Shorecrest Activity Coordinator and Leadership Teacher

**SNOQUALMIE SKI DAY TRIP STUDENT REGISTRATION**

*Student Name* \_\_\_\_\_ *Grade Level* \_\_\_\_\_ *School* \_\_\_\_\_

*Parent Name* \_\_\_\_\_ *Email address* \_\_\_\_\_

*Address* \_\_\_\_\_ *Phone* \_\_\_\_\_

**PLEASE READ AND SIGN**

*I hereby authorize the directors and volunteers of the Shorecrest Snoqualmie Ski Day Trip to act for me according to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other charges in connection with his or her attendance.*

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Emergency Phone # for Feb 15th: \_\_\_\_\_  
Signature of Parent/Guardian

Please note any health considerations here: