September 30, 2026

Dear Skiers and Boarders-

Thank you for your interest in the Town of Forestport's Killington Trip! Attached you will find the details of the trip, but I also want to add a few things and make you aware of how to proceed if you would like to be part of the trip!

- This trip is for experienced skiers/boarders with their own equipment. Killington is a very large resort with advanced slopes. If your child is still getting the hang of green slopes at local mountains, this is not a trip for them. Additionally, you must own property within the Town of Forestport. No exceptions.
- There is a strict limit of 56 people for the trip, children and adults. If you are interested, please do not delay getting the attached forms and your payment returned to the town. **Everyone on the trip must ride the bus. No exceptions, so please don't ask.**
- Winter conditions are unpredictable! Cancellations for your reservations must be made to the town no later than December 15th. Cancellations after that will forfeit their payment. This is the tour company's policy, not the Town's.
- The town will be paying a portion of the trip for **Forestport children.** Adults that would like to participate will be responsible for the entire cost for themselves. The rates are included on the following page, based on occupancy. You may choose any occupancy you'd like. The town will be paying $175 toward each child, regardless. Please indicate the attached form the names and ages of each child as well as adults, occupancy desired, and payment included. **No spots will be reserved without payment and paperwork delivered to the Town Clerk. Reservation deadline is November 13TH and the trip will fill on a first come first serve basis.**
- Questions? Please contact me at 796-5590 or by email at supervisor@townofforestport.gov

KILLINGTON TRIP ITINERARY

Departure: January 20, 2027 from the Forestport Town Hall

- **Departure time is TBD at this point but will likely be around lunchtime.**
- **We will be staying at the Hampton Inn in Rutland, VT.**

January 21st –

- **A continental breakfast for both days is included. The hotel is 25 minutes from the mountain and the bus will transport us to the mountain.**
- **We will remain at the mountain for the entire day, so please pack extra clothing, (mittens, socks etc.) Lunch is not provided, so please make provisions to either pack snacks, or be prepared to pay the outrageous prices at the mountain for lunch 😊**
- **At the end of the day we will return to the hotel. A buffet dinner will be provided at a local restaurant.**

January 22nd

- **We will ski until approximately 3pm, and leave directly from the mountain for Forestport. Arrival in Forestport will be approximately 7-7:30 pm.**

Name: _____ Age:

_____

_____

_____

_____

Occupancies requested:

- **Single for child - $580** **Single for Adult - $755**
- **Double for child - $394** **Double for Adult - $569**
- **Triple for child - $332** **Triple for Adult - $507**
- **Quad for child - $302** **Quad for Adult - $477**

Total payment: _____ Please make checks payable to Town of Forestport.

Town of Forestport Ski Program Contact Information

1st Child's Full Name:_____**Date of Birth**_____

Grade Level for 2025-2026 School Year_____

2nd Child's Full Name:_____**Date of Birth**_____

Grade Level for 2025-2026 School Year_____

3rd Child's Full Name:_____**Date of Birth**_____

Grade Level for 2025-2026 School Year_____

Reside In: ☐ Forestport

OR ☐ Parent owns property ☐ Grandparent owns Property

Primary Parent/ Guardian Contact

Full Name:_____Relationship to child(ren):_____

Address:_____ City:_____ Zip:_____

Email:_____(Email is used to send updates on the program)

Phone Number: _____ Can you receive texts at this number ☐ Y ☐ N

Secondary Parent/ Guardian Contact

Full Name:_____Relationship to child(ren):_____

Address:_____ City:_____ Zip:_____

Email:_____(Email is used to send updates on the program)

Phone Number: _____ Can you receive texts at this number ☐ Y ☐ N

Emergency Contact Name (Person other than parent/guardian)

Name:_____ Phone number:_____
Relationship:_____

In case of a medical emergency, I understand that every effort will be made to contact the parent/guardians. In the event that I cannot be reached, I hereby give permission to receive proper medical treatment to my child(ren) named herein.

X_____ Date:_____

In addition to the people listed on the front of the form, my child(ren) have my permission to leave with the individuals listed below:

Name:_____ Phone Number:_____

Name:_____ Phone Number:_____

If there is anyone we CANNOT release your child to, please provide below:

_____

_____

Please indicate if you have a child with special needs, medical condition(s), allergies, or any other concerns we should be made aware of:

_____

_____

Parent Signature:_____ **Date**:_____