



## Clear Hills County

Effective Date: **June 9, 2020**

Policy Number: **7008**

Title: **ANNUAL STUDENTS SKI TRIP**

### **1. Policy Statement**

- 1.1. Clear Hills County Council has committed to fund a one-day ski trip once each school year to the Whispering Pines Ski Hill for kindergarten to grade 12 students who reside in Clear Hills County and the Village of Hines Creek.

### **2. General**

- 2.1. Annually Council will include funds in the Operating Budget to cover the costs of the School Ski Trip Program.

### **3. Schools**

- 3.1. The County will cover the costs for ski equipment rentals, lift tickets, lessons and bussing for students from the three local schools (Menno Simons Community School, Hines Creek Composite, and Worsley Central School).
- 3.2. The County will not cover any costs for designated supervisors of the students.
- 3.3. The schools are responsible to contact the County to confirm participation in the annual ski trip program so funding arrangements can be made with Whispering Pines Ski Hill and the Peace River School Division.
- 3.4. Students of the three local schools must participate in the scheduled school ski trip to have the eligible costs covered by the county and do not qualify for reimbursement of ski expenses as set out for "Other Students" in section 3.5 of this policy.

### **Other Students**

- 3.5. Students that reside in the County or Village and do not attend one of the three schools listed in 3.1 may qualify for reimbursement of ski equipment rentals, lift tickets and lessons for a day of skiing at the Whispering Pines Ski Hill.

#### **a. Individual Students:**

To be considered for reimbursement a completed Schedule "A" Reimbursement Form must be submitted with all required documentation.

- For families with more than one student participating complete a Schedule "A" for each student.

#### **b. Groups or Families:**

To be considered for reimbursement Schedule "B" Reimbursement Form must be submitted with required documentation.

### **4. End of Policy**

**ADOPTED**

**Resolution C35-15 (01/13/15)**

**Date: January 13, 2015**

**AMENDED**

**Resolution C277-20 (06/09/20)**

**Date: June 9, 2020**



**Reimbursement Form**  
**Student Ski Trip to Whispering Pines Ski Hill**  
**Schedule "A"**

Name of Student: \_\_\_\_\_  
                                    (First)                                    (Last)

School Attended: \_\_\_\_\_  
(If home schooled indicate Home)

Date of ski trip: \_\_\_\_\_

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Rural Address: \_\_\_\_\_

OR

Street Address: \_\_\_\_\_ Hamlet/Village: \_\_\_\_\_

Lift Ticket:                               \$ \_\_\_\_\_

Ski Equipment Rental:               \$ \_\_\_\_\_

Lesson:                                   \$ \_\_\_\_\_

Total for reimbursement:           \$ \_\_\_\_\_  
  \_\_\_\_\_

Applications can be mailed to Clear Hills County Box 240 Worsley, AB T0H 3W0, faxed to 780-685-3960 or emailed to [lori@clearhillscountry.ab.ca](mailto:lori@clearhillscountry.ab.ca)

***\*Attach copies of receipts for lift tickets and any ski equipment rentals for students.***

For more information contact Lori at 780-685-3925 Ext 105 or email [lori@clearhillscountry.ab.ca](mailto:lori@clearhillscountry.ab.ca)

**Cheque payable to:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*



**Reimbursement Form**  
**Group or Family Student Ski Trip- Whispering Pines Ski Hill**  
**Schedule "B"**

Date of ski trip: \_\_\_\_\_

Family or Group Name: \_\_\_\_\_

**Family or Group Name**

Name - First and last name of each student

Address - Rural address or street address and Hamlet/Village Name

School - Name of school attended and if home schooled indicate Home.

Name

Address

School

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

**\*If additional space please attach another sheet.**

**Reimbursement Form**  
**Group or Family Student Ski Trip- Whispering Pines Ski Hill**  
**Schedule "B"**

Lift Tickets:	\$ _____
Ski Equipment Rentals:	\$ _____
Lessons:	\$ _____
Total for reimbursement:	\$ _____ _____

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**Cheques made payable to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Group Representative  
Or Parent/Guardian