

# Snowshoe Walk for Families near Helena

*For families*

Registration Fee: \$10 for a group of 3 (1 adult/2 kids or 2 adults/1 kid)



**Sunday morning – February 23rd 9:30 – 11:30 am**

This class is for a family that wants to try snowshoeing. We'll take an easy walk on the trails near Moose Creek near Rimini.

## **What should I bring?**

- Bring your snowshoes if you have them. Or you can borrow a pair from us.
- Wear sturdy snow boots or insulated hunting/hiking boots. They work best for strapping on snowshoes. (Bring what you have, we can make it work for this short walk!)
- Wear warm clothes and dress in layers. We recommend fleece, synthetic or wool underclothes, snow pants, winter coat, winter hat and mittens/gloves. Gaiters are good to wear if you have any.
- Bring a water bottle to carry with you in a pocket or fanny pack.
- Some people find it helpful to use ski poles when snowshoeing. Bring if you desire.
- Please DO NOT bring dogs. Please refrain from wearing perfume.

**Upon receipt of your registration form, we will contact you to confirmation your attendance.**

**Make checks payable to: FWP**

**Sorry, no refunds if you can't attend.**

**Send checks and registration form to:**

FWP-BOW  
Liz Lodman  
PO Box 200701  
Helena MT 59620



# Snowshoe Walk for Families

Sunday morning – February 23rd 9:30 – 11:30 am

2015 Snowshoe Sunday am

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Year of Birth \_\_\_\_\_

Enclosed is my check for \$10 made to FWP.

I fully understand and acknowledge that there are inherent risks and dangers participating in the BOW Workshop and that my participation may result in injury, illness or death and/or damage to personal property. I understand other participants, accidents, acts of nature or other events may pose dangers that are uncontrollable, and I hereby accept these risks and dangers. I affirm that I am at least 18 years of age and that I am in good enough health to participate in the workshop. I have read and understand the above warnings and risks, and agree to voluntarily participate in this training workshop. I understand that photos or video may be taken for promotion of the BOW program.

\_\_\_\_\_  
Signature Adult #1 Date

#1  
 Adult Name \_\_\_\_\_  
Please print

#2  
 Adult  Child Age \_\_\_\_\_ Name \_\_\_\_\_

#3  
 Adult  Child Age \_\_\_\_\_ Name \_\_\_\_\_

Contact Liz Lodman at 444-9940 if additional people in your family.

<b>Make checks payable to: FWP</b> Sorry, no refunds if you can't attend.	<b>Send checks and registration form to:</b> FWP-BOW Liz Lodman PO Box 200701 Helena MT 59620
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