



Lucy Schram
Far West Administrator

Far West Traveling Team Chaperone Report

To be completed by the FW Head Chaperone immediately upon return from said trip, and submitted to the Far West Office within 10 days of the completion of the trip. **No chaperone funds will be distributed until this form is returned.**

Head Chaperone Name: _____
Name of Event: _____
Location of Event: _____
Date of Trip: _____
List all chaperones: _____

Rooming list: _____yes _____no
Chaperone list: _____yes _____no
Coaching roster: _____yes _____no
Code of Conduct: _____yes _____no

Received:

Rate 1-5, 1 being not at all, 5 was outstanding
Cooperation of coaches with chaperones: _____
Athlete to chaperone ratio: _____
Cooperation of athletes with chaperone: _____

List any behavioral incidents that took place on this trip including athlete name(s), time and date incident occurred, action taken, please use other pages if need be:

What items could be improved in order to make this trip smoother:

Please return completed form to the Far West Office within 10 days of returning from the trip.

The Far West Board of Directors and Office appreciate you taking the time to be a chaperone for this trip. Thank you.



FAR WEST DIVISION OF THE UNITED STATES SKI AND SNOWBOARD ASSOCIATION
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