

Connecticut Interscholastic Ski League

74 Maplewood Drive, Monroe CT. 06468

Phone: 203-452-0496 Fax: 203-381-2021

TEAM REGISTRATION & INTENT TO RACE FORM
DUE November 1, 2024

SCHOOL NAME: _____

TEAM STATUS: CLUB _____ VARSITY _____ OTHER _____

SCHOOL ADDRESS: _____

PHONE: _____

A.D.'s NAME: _____

COACH'S NAME: _____

PHONE:(work) _____

ADDRESS: _____

(home) _____

E-mail: _____

COACH'S NAME: _____

PHONE:(work) _____

ADDRESS: _____

(home) _____

E-mail: _____

NO TEAM CAN REGISTER AS A CO-OP PROGRAM WITHOUT PRIOR APPROVAL FROM THE CISL

BOYS' TEAM: (approx. # of racers) _____

GIRLS' TEAM (approx. # of racers) _____

VACATION DATES: _____

NOTE: Racing during vacation times may be required to ensure completion of the CISL season.

SIGNATURE: _____ (school representative)

PLEASE NOTE – Schools must be available to race on Wednesdays and Thursdays.

PLEASE, return this form on or before November 1, 2024
Please *EMAIL and MAIL* to CISL at address above.