

# Trip Application - \_\_\_\_\_

Trip Destination \_\_\_\_\_

Passport Name/Picture ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Passport Name/Picture ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Street \_\_\_\_\_

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

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Name and date of birth of children in your party: **(Use name as appears on passport or Photo ID)**

1. \_\_\_\_\_ DOB: \_\_\_\_\_

2. \_\_\_\_\_ DOB: \_\_\_\_\_

3. \_\_\_\_\_ DOB: \_\_\_\_\_

4. \_\_\_\_\_ DOB: \_\_\_\_\_

## **\$300 per person is a required deposit**

Enclosed is a check payable to **SPACE COAST SKI CLUB, INC.**,

\$ \_\_\_\_\_ for the deposit - Check Number \_\_\_\_\_

Balance will be submitted as required.

## **TRIP CANCELLATION POLICY**

Cancellation of a trip prior to the Extravaganza will be fully refundable; after the Extravaganza will result in a cancellation fee for each trip participant. The cancellation penalty shall be \$75 plus any other travel, accommodation, or resort penalties that apply at the time of the cancellation. Some trips may have more restrictive cancellation provisions due to use of charter aircraft, busses, or lodge policies. Contact the Trip Leader for the amounts and critical dates. All cancellations shall be made by notification to the Trip Leader.

In the event that a trip is canceled due to poor snow conditions, or any other reason beyond the control of the Space Coast Ski Club, Inc., trip participants are subject to a prorated sharing of Club costs incurred in cancellation.

## **RELEASE**

By applying for participation in this trip, each applicant and any family member of the applicant agrees to release and indemnify and hold harmless Space Coast Ski Club, Inc. and Trip Leader for any loss, injury or damage resulting directly or indirectly from this trip.

I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION. ALL OF THE PERSONS NAMED ABOVE ARE MEMBERS IN GOOD STANDING.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**REMEMBER, YOU MUST BE A MEMBER OF THE SPACE COAST SKI CLUB OR AN AFFILIATED FLORIDA SKI COUNCIL CLUB TO PARTICIPATE.**

**Mail checks with trip application form to the respective trip leader**