

Trip Application...Trip

Passport Name/Picture ID _____ Home Phone _____

Passport Name/Picture ID _____

Street _____ Business Ph _____

City _____ Email Address _____

State _____

Zip _____

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

1. _____ Age _____ 3. _____

Age _____

2. _____ Age _____ 4. _____

Age _____

\$200 per person is a required deposit. Enclosed is a check payable to **SPACE COAST SKI CLUB, INC.**, for \$ _____ for the deposit. Check Number _____ Balance will be submitted as required.

TRIP CANCELLATION POLICY

Cancellation of a trip at any time will result in a cancellation fee for each trip participant. The cancellation penalty shall be a minimum of \$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: