

# TRIP SIGN-UP / PAYMENTS 2017 – 2018



Skier 1: \_\_\_\_\_  Male  Female  
(Name as it appears on Passport, Drivers License or Government issued ID)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date of birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_  
(Date of birth is required for air travel)  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Person not traveling with you)

Skier 2: \_\_\_\_\_  Male  Female  
(Name as it appears on Passport, Drivers License or Government issued ID)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date of birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_  
(Date of birth is required for air travel)  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Person not traveling with you)

**SKI CLUB**  Sly Fox  Gelandesprung  
(To participate on Ski Trips: You must be a member of either the Sly Fox Ski Club or Gelandesprung Ski Club for the 2017-2018 Ski Season)

Ski Trip	Dates	Trip Payment & Due Dates	Skier 1 \$ Paid	Skier 2 \$ Paid
<b>Big Snow I</b> Indianhead & Blackjack Roommate Request ♦ _____ Roommate Request ♦ _____ Roommate Request ♦ _____	January 5 <sup>th</sup> – 7 <sup>th</sup>	<b>\$280**/\$255***/\$245****/360*</b> Trip opens Oct 4, 2017 \$100 Deposit due on sign-up Balance due Dec. 20, 2017		
<b>Big Snow II</b> Indianhead/Blackjack & Powderhorn Mountains Roommate Request ♦ _____ Roommate Request ♦ _____ Roommate Request ♦ _____	February 9 <sup>th</sup> – 11 <sup>th</sup>	<b>\$290**/\$270***/\$255****/\$405*</b> Trip opens Oct 4, 2017 \$100 Deposit due on sign-up Balance due Jan. 24, 2018		
<b>♦ Roommate Requests honored <u>ONLY IF ALL PARTIES</u> agree and rooming is available!</b>		* Single occupancy ** Double occupancy *** Triple occupancy, if available **** Quad Occupancy, if available <b>Total</b>		
		<input type="checkbox"/> Includes Membership dues <b>Check Amount:</b>		
		<b>Check Number:</b>		

**Sly Fox Ski Club Waiver: PLEASE READ BEFORE SIGNING!**

**If not a member of the Sly Fox or Gelandesprung Ski Clubs, a Membership form must be completed & Membership paid.**

I certify that I am at least 21 years of age and do hereby accept the policies and practices of the Sly Fox Ski Club. I understand that in my participation in club-sponsored events carries a degree of risk, injury or death. I hereby unconditionally waive and release the Sly Fox Ski Club, its officers, directors, agents and members from any and all liabilities arising from any injury, property damage or loss I may suffer as a result of my actions.

Further, I hereby grant full permission to any and all foregoing to use any photograph, videotape, motion pictures, recordings or other record of any ski club event for any legitimate purpose.

All moneys paid for a trip canceled by the club will be refunded. Refunds for cancellations by the participant must be submitted in writing to the Sly Fox Ski Club, Board of Directors, P.O. Box 1613, Appleton, WI. 54912-1613. A written request must indicate which specific future Sly Fox event any refund is to be credited towards, or for the Sly Fox Treasurer to issue a refund check. Refunds will only be issued after all of the bills related to the trip have been paid. All decisions on refund amounts made by the Board of Directors are final. By signing and submitting this for I agree that I have read and accept the trip policies as set for by Sly Fox Ski Club.

<b>Skier 1</b>	Name: _____	Signature: _____	Date: _____
<b>Skier 2</b>	Name: _____	Signature: _____	Date: _____

**MAKE CHECKS PAYABLE TO:**

**SLY FOX SKI CLUB, PO Box 1613, APPLETON, WI 54912-1613**

**PLEASE INCLUDE A COPY OF THIS FORM WITH EVERY PAYMENT**