

SLY FOX SKI CLUB 2019 – 2020 TRIP SIGN-UP / PAYMENTS



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 _____
 (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 _____
 (Required for Air Travel)
 Emergency contact & number _____ Phone: _____
 (Person not traveling with you)

SKI CLUB: _____ Sly Fox _____ Gelandesprung
 (To participate on Ski Trips: You must be a paid member of either the Sly Fox or Gelandesprung Ski Clubs for the 2019-2020 season)

SKI TRIP	DATE	TRIP PAYMENT & DUE DATES	SKIER 1 \$ PAID	SKIER 2 \$ PAID
Big Snow I Indianhead & Blackjack Mts. Roommate Request: _____ Roommate Request: _____ Roommate request: _____	January 10 th - 12 th 2020	\$285**/\$265***/\$250****/\$365* Trip opens for sign-up on Oct. 2, 2019 \$100 Deposit due on sign-up Balance due by December 20 th		
Big Snow II Indianhead/Blackjack & Powderhorn Mountains Roommate Request: _____ Roommate Request: _____ Roommate Request: _____	February 7 th – 9 th 2020	\$295**/\$275***/\$260****/\$375* Trip opens for sign-up on Oct. 2, 2019 \$100 Deposit due on sign-up Balance due by January 19 th		
Roommate Requests honored ONLY IF ALL PARTIES agree and rooming is available!	*Single occupancy **Double occupancy ***Triple occupancy, if available ****Quad occupancy, if available	TOTAL		
	_____ Includes Membership Dues	Check Amount:		
		Check Number:		

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 monies paid for a trip canceled by the club will be refunded. Refund 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 amount will be made by the Board of Directors and are final. By signing and submitting this, I agree that I have read and accept the trip policies as set for and by the Sly Fox Ski Club.

Skier 1	Name: _____	Signature: _____	Date: _____
Skier 2	Name: _____	Signature: _____	Date: _____

MAKE CHECKS PAYABLE & SEND TO:

SLY FOX SKI CLUB, PO BOX 1613, APPLETON, WI. 54912-1613

PLEASE INCLUDE A COPY FOR THIS FORM WITH EVERY PAYMENT