

# SLY FOX SKI & SNOWBOARD CLUB 2020 – 2021 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 2020-2021 season)

SKI TRIP	DATE	TRIP PAYMENT & DUE DATES	SKIER 1 \$ PAID	SKIER 2 \$ PAID
<b>Big Snow I</b> Indianhead/Blackjack & Big Powderhorn Mountains Roommate Request: _____ Roommate Request: _____ Roommate request: _____	<b>January 8<sup>th</sup> - 10<sup>th</sup> 2021</b>	<b>\$295**/\$280***/\$265****/\$375*</b> Trip opens for sign-up on Oct. 7, 2020 \$100 Deposit due on sign-up Balance due by December 11 <sup>th</sup>		
<b>Big Snow II</b> Indianhead/Blackjack Mountains Roommate Request: _____ Roommate Request: _____ Roommate Request: _____	<b>February 19<sup>th</sup> - 21<sup>th</sup> 2021</b>	<b>\$290**/\$275***/\$260****/\$370*</b> Trip opens for sign-up on Oct. 7, 2020 \$100 Deposit due on sign-up Balance due by January 19 <sup>th</sup>		
<b>Roommate Requests honored ONLY IF ALL PARTIES agree and rooming is available!</b>	*Single occupancy **Double occupancy ***Triple occupancy, if available ****Quad occupancy, if available	<b>TOTAL</b>		
	_____ <b>Includes Membership Dues</b>	<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. **I am fully aware of the Coronavirus Disease 2019 (COVID-19). By agreeing to participate in club activities, I have evaluated such risks and I hereby hold harmless the club officers, directors, agents, members and the Sly Fox Ski Club itself.**

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.

Refund for cancellations by the participant must be submitted in writing to the Sly Fox Ski Club. Trips, 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.

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

**MAKE CHECKS PAYABLE & SEND TO:**

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

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