

To: _



Approved by the Executive Committee May 20, 2019



_____ Departure Date: _____

First		Middle	Last	
Address				
City		State	Zip	
Phone - Cell		Work		
Email				
Birthdate		Age		
Passport number (C	NLY if you are going on the	Premier Fly Trip)		
I prefer to room with				
If case of emergency,	notify:			
Cell		Work		
If under 18, my guard	lian on this trip is			
Other family membe	rs on trip:			
Name		Age	Relation	
Name		Age	Relation	
fees as outlined in Signed	the policies.		Date	
Ski/Snowboard Rer I want to rent:	ital Information: (Check with □ Skis	Trip Captain before filling t	this out. Not necessa	ary for all trips!)
	Weight			
		☐ Left Foot Forward	☐ Step-In	☐ Strap
Mail completed for	m along with deposit to Tr	ip Captain. If less than 45	days from departu	re, mail entire
amount due.		p captain in its analis is	aays o acparta	
Notes:				
Office Use Only				
	Date	Cash	Check	
Credit Card - Visa/M	IC or Discover		Billing 7in Code	