Trip Application

(Fill out completely and turn in to trip leader)

Trip Name: _____

Note: Please enter (print) names of all participants exactly as they appear on travel identification. Ages and birth dates are needed "only" to qualify for senior citizen and children's discounts.

Name: _____ Age _____ Birth Date_____

Name: _____ Age _____ Birth Date_____

Name: _____ Age _____ Birth Date_____

Name: _____ Age _____ Birth Date_____

Name: _____ Age _____ Birth Date_____

Name: _____ Age _____ Birth Date_____

Address: _____

City, State, and Zip: _____

Phone (home): _____ Phone (work or cell) _____

Please print clearly

Email #1

Email #2

Room Preference: ____single, ____double, ____triple, ____ quad, _____ other _____

Roommate(s) Requested: _____

Special Requests _____

I am a member of the Champaign Ski Club, Inc. and I acknowledge the "Release of Liability" for trips as outlined on my membership application.

Signature : _____ Date: _____

Received by Trip Leader: _____ Date: _____

Deposit Received $ _____ by ___check, ___cash, ___credit card (add 3%)