



INDIANAPOLIS SKI CLUB TRIP APPLICATION

Destination _____ Dates _____

All participants, including minors, must be included and completed below						
Applicant Legal Name (as on ID) Please Print legibly for airline ticketing	M/ F	Age	Birth Date M/D/Y	ISC Member? If No, list club	Ski Level Beg/ Int/ Adv	Club Lessons?

Applicant's Address

Street _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

E-Mail _____ Cell Phone _____

E-Mail _____ Cell Phone _____

Medical Information: Do you have any significant medical problems? If so, please state briefly. List any medications.

Emergency Contact Information

Name _____ Relationship _____

Phone 1st _____ 2nd _____ Email _____

Trip Insurance and Policy Acceptance

___ I elect to have trip insurance on this trip. I understand the cost will be added to the trip.

___ I waive trip insurance on this trip.

___ I have read the TRIP POLICY that accompanies this form. I understand and will abide by the policy.

SIGNATURE: _____ Date _____

<p>Trip Leader</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ ST _____ Zip _____</p> <p>Phone 1st _____ 2nd _____</p> <p>E-Mail _____</p>	<p>For Trip Leader Use Only</p> <p>Date of Deposit _____</p> <p>Full Cost of Trip _____</p> <p>Ground Package _____</p> <p>Trip Insurance _____</p> <p>Amount of Deposit _____</p> <p>Balance Due _____</p>
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IMPORTANT DATES Final Payment _____ Cancellation Date _____

List Roommate Preference(s) _____

Check to request single occupancy (Extra cost)

Occupancy Policy: All efforts will be made to honor roommate & occupancy requests, but there can be no guarantee they will be met.