



# INDIANAPOLIS SKI CLUB TRIP APPLICATION FORM

Trip Destination
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Trip Date
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Applicant's Name Last Name First	M/F	Age	Birth Date M/D/Y	ISC Member?	Other Council? Name?	Ski Level Beg/ Int/ Adv	Lessons?	Equipment Rental?

Legal Name(s) for Airline Ticketing Purposes \_\_\_\_\_

**Applicant's Address**  
 Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

**Accommodation Request/Availability** 2/Room \_\_\_\_\_ 3/Room \_\_\_\_\_ 4/Room \_\_\_\_\_

List Roommate Preference(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check Your Preference

Minimum Occupancy \_\_\_\_\_

Maximum Occupancy \_\_\_\_\_

Couch (If available) \_\_\_\_\_

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

**Medical Information**  
 Do you have any significant medical problems? If so, please state briefly.  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any medication for a specific illness or disorder; i.e., insulin, heart medication, etc.  
 \_\_\_\_\_

**In case of an emergency, please contact:**  
 Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I have read the TRIP POLICY that accompanies this form. I understand and will abide by the policy.  
 SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_  
 How did you hear about the trip? \_\_\_\_\_

**Trip Leader**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_ Zip \_\_\_\_\_  
 Hm Phone \_\_\_\_\_ WK Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**For Trip Leader Use Only**

Date of Deposit \_\_\_\_\_  
 Full Cost of Trip \_\_\_\_\_  
 \_\_\_\_\_ Ground Pkg \_\_\_\_\_  
 Amount of Deposit \_\_\_\_\_  
 Balance Due \_\_\_\_\_  
 Cancellation Date \_\_\_\_\_  
 Final Payment Date \_\_\_\_\_