

# SITZMARK SKI CLUB TRIP SIGN-UP

EVENT: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Roommate preferences:      Smoking \_\_\_\_      Non-smoking \_\_\_\_  
                                         Male \_\_\_\_      Female \_\_\_\_      Mixed \_\_\_\_

Roommates: \_\_\_\_\_

I AM A CURRENT PAYING MEMBER OF SITZMARK AND/OR A MSC SKI CLUB. I HAVE READ THE SITZMARK CANCELLATION, REFUND AND WAITLIST POLICY AND AGREE TO IT'S PROVISIONS. I'M AWARE OF THE RISKS INVOLVED IN SKIING AND WILL NOT HOLD THE SITZMAKR SKI AND SOCIAL CLUB RESPONSIBLE FOR NAY INJURIES OR LOSS OF PROPERTY INCURRED.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

In case of emergency Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Contact on trip: \_\_\_\_\_

Office use only:	Deposit given \$ _____
	Amount owed \$ _____
Double occupancy: ____	Quad occupancy: ____

DEPOSIT # \_\_\_\_\_

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