MAIN LINE SKI CLUB - TRIP RESERVATION FORM

Mount Snow, VT

February 6th to 10th, 2022 Print Names exactly as they appear on your picture ID

Participant #1: ______DOB: _____

| Cell phone #: | : | | |
|---|--|--|--|
| Participant #2 | 2 (at same address) | DOB: | _ |
| Cell phone # | | | |
| Address: | | | |
| Home phone | : | | |
| Email Addres | sses: | | _ |
| | | Phone: | |
| Roommate R | Request: | | |
| that participate which can be coverexertion, by signing this involved, I agree injury resulting If cancellation forfeited. In the cancellation. A be sought. Pleinsurance is trip is delayed. | e on this ski trip do so at their own dangerous. Risks may include but broken limbs and alcohol overcons document, I agree to take full respect to the full respect of the full respect to | sponsibility for my own actions, safety and welfare, its Officers, its Board Members or trip leaders liable activity. Y Regarding Cancellation and if a replacement is not found, deposits and alled fore a trip leaves and a replacement is found, depoind any fees charged by the airline or tour provider in writing by the trip leader before a replacement anake sure you understand this process before you nelp you recover your costs should you need | ciated with this activity, ekness, illness, disease and assuming all risks of the for any accident or any accident or any accident or any accident or as a result of the and possible refund can sign up. Traveled to cancel, if the Cancellation Policy |
| Participant #1 | Signature: | Date | |
| Participant #2 | Signature: | Date | |
| I am Covid′ | 19 vaccinated: | | |
| Participant 1: | Date completed: | Initials: | |
| Participant 2: | Date completed: | Initials: | |
| | | | |