

OC SKI CLUB TRIP SIGN UP SHEET Number _____

Indian Head Resort New Hampshire

Jan 7– 10, 2025

PLEASE PRINT ALL INFORMATION CLEARLY

First Name:		Middle Initial	Las	t Name _				
Address:		Date of Birth:				/ Female	Э	
City:			_ State	Zip	:			
Telephone: Home:								
Email Address:								
In Case of Emergency Notif	y:							
Name:	Rel	ationship:	Telephon	ie No.:				
[] I have a roommate (Prin	t Name Clearly): (2)						
		(3)						
		(4)						
[] Assign me a Roommate	preference (no	ot guaranteed): []	Male []Fe	male [] Non-Smoker	[]Do	o Not Ca	are
Rooming Preference (not g	uaranteed): <u>AL</u>	L Rooms are DOUBL	E OCCUPANCY	unless a	Single Supple	ement is p	<u>baid</u>	
B	y signing belo	w, you agree to the Cl	lub Terms and	Condition	s Policy			
Signature:	Date:							
Travel Insurance – We reco travel insurance you purch agreement is between you ************************	hase. It is usua and the travel	ally about 5 – 7 % of tl insurance provider y	he total trip cos ou purchase fr ********	st. Please om. ******	read the cove	erage car	efully, t	he
***************************************	******	** For Trip Lead			**************	*********	*******	*****
Manahanakin Otatua 0000 - 00	04 . []] Manuala		-	(0		
Membership Status 2023 – 20. Payment Information		ersnip verified Men	nbersnip Numbe)	Gues	с <u> </u>	
Option	Price	Payme	onte	٨٣	nount Ch	eck #	Date	Rec'd
	FIICe				iount	Cash	Dale	By
Standard Package		Initial Deposit (\$20	0)					
Double Occupancy \$397				:				
Single Occupancy \$547								
Triple Occupancy \$345		Balance						
Quad Occupancy \$319				+				
Guest Fee (\$5 per day)			Com	os				
OC Comps		Final Payment	Dec 1, 2024					
Total Cost			Baland	ce				