

TRIP SIGN-UP SHEET Jay Peak OC Family Trip Dates: April 4 – 6, 2025

PLEASE PRINT ALL INFORMATION CLEARLY



Telephone: Home Work: Cell: DOB Email Address: DOB Email Address: n Case of Emergency Notify: Name:	City:			Zip:
n Case of Emergency Notify: Name:	Telephone: Home	Work:		Cell:
Relationship:	DOB Email Ac	ldress:		
OC Ski Club Membership Status [] Member Membership #: Verified By: [] Applicant [] Daily Guest (\$5.00 Fee) [] Family Member (Child Skiing Information: Mode: [] Nordic [] Alpine [] Boarder Rooming Considerations: ONLY Non-Smoking Rooms are available Rooms are Minimum DOUBLE OCCUPANCY [] I have a roommate (Print Name Clearly):	n Case of Emergency Notify: Na	ame:		
[] Applicant [] Daily Guest (\$5.00 Fee) [] Family Member (Child Skiing Information: Mode: [] Nordic [] Alpine [] Boarder Rooming Considerations: ONLY Non-Smoking Rooms are available Rooms are Minimum DOUBLE OCCUPANCY [] I have a roommate (Print Name Clearly):	Relationship:	Telephone No. :		
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By signing below, you agree to the Club Terms and Conditions Policy

Signature:

Date

**Travel Insurance – We recommend that you investigate travel insurance protection. The cost varies depending on the type of travel insurance you purchase. It is usually about 7.25 - 11 % of the total trip cost. Please read the coverage carefully, the agreement is between you and the travel insurance provider you purchase from.

PAYMENT INFORMATION - TO BE COMPLETED BY TRIP LEADER							
<u>Deposits:</u>	Amount	Date Due	Check # / Cash	Date Paid			
Deposit 2 nights/3ski	\$200.00	1/9/2024					
Daily Club Guest Fee (per day) \$ 5.00 x # days	1/9/2024					
<u>Final:</u>							
Double Occupancy	\$ TBD \$	2/27/2024					
Total:							