TRIP SIGN-UP SHEET

Jay Peak OC Family Trip

Dates: April 10-12, 2026

PLEASE PRINT ALL INFORMATION CLEARLY

Name: _____ Attendee No._____

Address: _____

City: _____ State _____ Zip: _____

Telephone: Home_____ Work: _____ Cell: _____

DOB _____ Email Address: _____

In Case of Emergency Notify: Name: _____

Relationship: _____Telephone No. : _____

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): _____

☐ I have condo mates (Print Name Clearly): _____ _____

_____ _____ _____

_____ _____ _____

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

Deposits:	Amount	Date Due	Check # / Cash	Date Paid
Hold Your Spot	**$ 200.00**	**With application**	_____	_____
Deposit • 2 nights • 2 Ski	**$ _____**	**1/8/2026 rest of deposit**	_____	_____
Daily Club Guest Fee (per day)	**$ 5.00 x # days**	**With application**	_____	_____

Final:

Double Occupancy	$ _____	2/20/2026

Total **$ _____**