**GODDARD SKI CLUB TRIP APPLICATION**

**Killington, VT: January 5 – 8, 2025**

Please complete all information, sign, and submit a trip deposit via check, Venmo, or PayPal.

Checks should be made payable to “Goddard Ski Club”.

Everyone must submit a separate application form (combined payments are acceptable).

Submit applications and payments to:

*Trip Leader: Peter Dell, 6407 Heritage Road, Berlin, Maryland 21811*

*peterjdell@gmail.com*

Name (first, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: 3 or under\_\_\_\_\_ 4-11\_\_\_\_\_ 12-18\_\_\_\_\_ 19+\_\_\_\_\_ non-skiers\_\_\_\_\_

Sharing room with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Need roommate assigned\_\_\_\_\_\_

If roommate needed, please provide roommate gender preference, if any: \_\_\_\_\_\_\_\_\_\_

Emergency Contact (person not on trip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical or Drug Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical/Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT TRIP POLICIES**

All trip participants must be current members of the Goddard Ski Club. For membership application, visit the Club website [Goddard Ski Club](https://goddardskiclub.org) or contact the Trip Leader.

Lodging rates are based on double occupancy per room. If you do not have a roommate, the Trip Leader will endeavor to assign you one. If the Trip Leader is not successful in finding a roommate of the same gender, you may pay the increased single room rate or cancel with a refund. The refund amount depends upon the cancellation date and the trip contract provisions (ask Trip Leader for details).

Reservations are accepted on a first-come basis and require deposits. All payments must be made on schedule. **This trip requires a $200 per person deposit at sign-up (NLT October 15th, and balance paid in full by December 15th, 2024).** Refunds for individual/personal cancellations will be made to the extent that the Goddard Ski Club is able to recover cancellation expenses. If you have an injury, illness, or other reason for cancellation from the trip, the Trip Leader will attempt to find a replacement, but you are fully responsible for any costs incurred by the Goddard Ski Club.

Each trip participant is personally and solely responsible to ensure that he/she is physically able to ski under the prevailing conditions and that his/her ski equipment is properly maintained. Trip cancellation insurance is NOT provided by the Goddard Ski Club but is highly recommended.It is recommended that those purchasing travel insurance should carefully review their policy for COVID-19 related coverage and/or ensure their policy has Cancel for Any Reason provisions. The Goddard Ski Club, its officers, trip leaders, and members are not liable for personal injury, death, or property damages involving participants on any Goddard Ski Club trip.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE TRIP POLICIES.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_