

BUCKS MOUNT SKI AND SNOWBOARD CLUB
TRIP INFORMATION FORM

TERMS OF THE TRIP AND REFUND POLICY

Departures: Trips will depart from **5 Municipal Way, Langhorne, PA 19047. This is the Middletown Township Police Building, which is two lights north of Maple Ave. (Rt. 213), off of North Flowers Mill Rd.** Map available at meetings and on web site. The bus will leave promptly at **4:30 PM**. Arrive earlier so that luggage may be packed. Bind your skis and poles together. Do not put clothing in ski bags.

Refreshments: Will be provided for the trip to and from destination. It is suggested that you eat dinner prior to departing or bring something along.

Bus Rules: 1) No smoking of any kind is permitted on the bus. 2) Loud radio playing is prohibited on the bus. 3) The seat you sit in initially is yours for the entire weekend. 4) Please be courteous to others. 5) One 10-15 minute stop is made each way (Smokers can enjoy off the bus). Note: the bus is equipped with a restroom.

Payments: Deposits as specified will reserve a spot. **Balance must be received at least 14 days prior to departure date. You must be a member of the club to go on any bus trip.** Members shall receive a \$10.00 discount for each trip where the deposit is paid at least 60 days prior to the trip departure.

REFUND POLICY: Cancellations received **more than 40 days** prior to the trip will guarantee full refund within 30 days. Cancellations received **less than 40 days** prior to departure will not guarantee full refund. Refunds shall be based on the actual expenses incurred by the Club due to the cancellation. Refunds will be paid by the end of the fiscal year.

RETURN THIS FORM WITH DEPOSIT OR FULL PAYMENT MADE PAYABLE TO: BUCKS MOUNT SKI CLUB

Dates of trip: March 12 - 14, 2010 Destination: Stowe, VT

This form is carried on the trip and used the day of departure for emergency to locate you.

Name: _____ Phone (cell): _____

Phone (home): _____

E-mail: _____ Phone (work): _____

Address: _____ City, State, Zip: _____

Age for Lift Ticket: (circle one) 0-5 6-12 13-18 19-64 65+

Room Preference: Double Triple Flexible Smoking: _____ Non-Smoking _____

Desired Roommates: _____ Other Remarks About Rooming: _____

Saturday Night Dinner Choice: Adult buffet Kid's Meal

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Phone: (H) _____ (W) _____

WAIVER AND RELEASE

I DO UNDERSTAND THE TERMS OF THE TRIP AND THE CLUB'S REFUND POLICY, AND I HEREBY RELEASE THE **BUCKS MOUNT SKI AND SNOWBOARD CLUB** AND ITS MEMBERS, REPRESENTATIVES AND OFFICERS FROM ANY AND ALL LIABILITY OR CLAIMS DUE TO, OR AS A RESULT OF, ANY PERSONAL INJURY OR BODILY HARM SUSTAINED OR SUFFERED WHILE ON THIS TRIP. I DO UNDERSTAND THAT SKIING IS A STRENUOUS PHYSICAL ACTIVITY IN WHICH MY GOOD HEALTH AND OWN SKILLS ARE NECESSARY TO SKI SAFELY AND IN CONTROL AT ALL TIMES.

Print name

Signature

Date

(Note: Failure to sign this form may result in being denied the right to participate.)

Stowe-waiver2010