BUCKS MOUNT SKI AND SNOWBOARD CLUB

Whitefish, Montana February 24 – March 2, 2024

CLUB MEMBERSHIP:

Club membership is required to sign up for ski trips. Go to https://www.bucksmountskiclub.org to download the membership form. Please mail the form and membership payment to the address on the form.

PLEASE RETURN THIS FORM WITH DEPOSIT PAYABLE TO: **BUCKS MOUNT SKI CLUB** Mail the form and deposit to:

Irene Kravets 7 Candace Court Richboro, PA 18954

TRIP PARTICIPANT INFORMATION:

Note: Your full name below must match exactly your government issued ID that you will use at the airport, including the middle name or middle initial, if one is on your ID. Any changes later will incur a fee of up to \$200.

Full Name		
E-mail:		
Cell phone #		
Birthdate:	Gender:	Shirt Size:
United Airlines frequent flier # (optional)		
Known Traveler # (if you have one)		
Address:		
Room type: Hotel room with 2 queen beds	Studio unit	Loft unit
Requested roommate:		
PERSON TO BE NOTIFIED IN CASE OF EME	RGENCY:	
Name:	Phone:	
CANCELLATION AND CHANGES: Bucks Mount will only charge any non-recovincurred as a result of a change or cancellatic cancellation fee may be the full amount of the t	ion. Cancellations mus	t be received in writing. After 10/30/2022
WAIVER AND RELEASE		
I DO UNDERSTAND THE TERMS OF THE RELEASE THE BUCKS MOUNT SKI AND S AND OFFICERS FROM ANY AND ALL LIA PERSONAL INJURY OR BODILY HARM S UNDERSTAND THAT SKIING IS A STRENUC OWN SKILLS ARE NECESSARY TO SKI SAF	SNOWBOARD CLUB A ABILITY OR CLAIMS SUSTAINED OR SUFF OUS PHYSICAL ACTIV	ND ITS MEMBERS, REPRESENTATIVES DUE TO, OR AS A RESULT OF, ANY FERED WHILE ON THIS TRIP. I DO /ITY IN WHICH MY GOOD HEALTH AND
Signature		Date
Print name		