

**BUCKS MOUNT SKI AND SNOWBOARD CLUB**

**Mt. Bachelor, Oregon    March 14 - 21, 2026**

**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 this 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: \_\_\_\_\_ Initial here


Cell phone # \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Known Traveler # (if you have one) \_\_\_\_\_

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

Requested roommate: \_\_\_\_\_

**NOTE: If you do not specify a roommate and none is found for you, you will be responsible for paying for single occupancy** 

☐ No air    ☐ No lift ticket    ☐ 5 day lift ticket (included)    ☐ 6 day lift ticket (\$85 extra)    Initial here

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CANCELLATION AND CHANGES:**

Bucks Mount will only charge any non-recoverable fees from suppliers plus any additional costs or expenses incurred as a result of a change or cancellation. Cancellations must be received in writing. After 7/30/2025 cancellation fee may be the full amount of the trip, unless a replacement is found.

**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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_