



Please **PRINT** all information and send **this FORM** along with your **DEPOSIT** and a **copy of your PASSPORT** (for international travel) and/or **DRIVERS LICENSE** (for domestic air travel) to the trip leader.

Please make checks payable to the **SKI CLUB of LOCKPORT**.
Photocopies of this form are acceptable.

TRIP NAME _____

YOUR FULL NAME (exactly as appears on your driver's license or passport)

FIRST MIDDLE LAST

STREET Address _____

CITY _____ STATE ____ ZIP CODE _____

Phone (CELL) _____ (HOME) _____

E-MAIL _____

NAME OF PERSON(S) YOU WISH TO ROOM WITH:

CHECK # _____ AMOUNT \$ _____

EMERGENCY CONTACT

NAME _____

RELATIONSHIP _____

Phone (CELL) _____ (HOME) _____

E-MAIL _____

STREET Address _____

CITY _____ STATE ____ ZIP CODE _____

HEALTH INSURER _____

PHONE _____ POLICY # _____

I, the Undersigned, have read, understand, and will abide by all trip provisions and conditions as set forth in the official trip materials, the Trip Sign-Up Policy, the Release of Liability, the Trip Change Policy, and the SCOL By-laws. I also understand that SCOL strongly suggests the purchase of trip insurance for extended trips and it is my responsibility to review and purchase or decline coverage. And I understand that it is my responsibility to comply with all travel requirements and failing to do so could result in a travel revocation for which I am financially responsible.

SIGNATURE(S) _____

DATE _____