**SMUGGLERS NOTCH TRIP APPLICATION FORM**

**Feb. 4-7, 2022**

**Signee Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Address:** |  | | |
| **Phones:** | (H) | (W) | (C) |
| **E-mail(s):** |  | | |

**Name of roommate(s), if applicable:**

Notes

1. Not required if your 2023-24 membership fee has already been paid.
2. One extra night and lift
3. Two extra nights and lifts

|  |  |  |
| --- | --- | --- |
| **Payment** | **Amount** | **Due** |
| **Deposit** | **$200** | **With application** |
| **Final** | **Remaining balance** | **Dec. 15, 2023** |

This form, deposit check, and final payment may be mailed to  
Richard Hubbard, 6008 Wheaton Drive, Burke, VA 22015

* **Make checks payable to SSSC**
* **Email a copy of the registration to Mike Preston,** [**michael.preston@verizon.net**](mailto:michael.preston@verizon.net) **and Dick Hubbard,** [**rfhubb@gmail.com**](mailto:rfhubb@gmail.com)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | **Base\*** | **Membership**  **+25 (1)** | **2/8 Checkout**  **+125 (2)** | **2/9 checkout**  **+250 (3)** | **Sub-total** |
|  |  | **$449** |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total cost** |  |  |  |  |  |  |
| **Deposit** |  |  |  |  |  |  |
| **Balance due** |  |  |  |  |  |  |

**\*Base price does not include transportation**

**Emergency Contact**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone(s)** | **Email(s)** |
|  |  |  |

*Skiing can be a hazardous activity. The* Snow Searchers Ski Club, Inc., *its* Board of Directors, *and its trip leaders will take all possible precautions to assure you, your family members, and your guests safe and enjoyable outings, including outings other than skiing. However, because of the numerous variable factors involved, the undersigned member, parent or guardian absolves the* Snow Searchers Ski Club, Inc., *its Board of Directors*, *and its trip leaders from any liability in the event of an accident or injury to the signee, any family members, or any persons for whom the signee is a guardian, whose names are shown on this form. The signee must be 21 years of age or older.*

***Note: participants will be required to have a current (2023-2024) paid SSSC membership ($25 – individual or family). Can be paid with application.***

Signature/Date: .