Trip Application

(Fill out completely and turn in to trip leader)

Trip Name: _____

Please (print) the names of all **Participants exactly as they appear on travel identification**. **Ages as of date of travel, Gender** and **Birth Dates** are needed to qualify for Senior Citizen, Children's discounts and Airlines id's.

Name: _____M or F Age _____ Birth Date_____

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Name: _____M or F Age _____ Birth Date_____

Name: _____M or F Age _____ Birth Date_____

Name: _____M or F Age _____ Birth Date_____

Address: _____

City, State, and Zip: _____

Phone (home): _____ Phone (cell) _____

Room Preference: ____single, ____double, ____triple, ____ quad, _____ other _____

Roommate(s) Requested: _____

Special Requests _____

I am a member of the Champaign Ski Club, Inc. and I acknowledge the "Release of Liability" for trips as outlined on my membership application.

Signature : _____ Date: _____

Deposit Received $ _____ by ___check ___cash

Please print clearly

Email #1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Email #2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |