



TRIP RESERVATION FORM

DATE RECEIVED BY TRIP LEADER: _____

TRIP NAME: _____

* We need your middle name (or initials) and date of birth for TSA's Secure Flight Program. Your age also determines eligibility for junior or senior lift ticket (if available) and helps us match roommates.

SKIER No. 1: M F _____
CIRCLE ONE FIRST NAME MIDDLE NAME OR INITIAL(S) * LAST NAME DATE OF BIRTH *
(AS IT APPEARS ON YOUR DRIVERS LICENSE OR PASSPORT)

PHONE: HOME (____) _____ WORK (____) _____ CELL (____) _____ EMAIL _____

MEMBERSHIP NO: _____ MEMBERSHIP TYPE (circle one): SINGLE FAMILY EXPIRATION DATE: _____

ADDRESS _____
STREET CITY STATE ZIP

LODGING PREFERRED (circle as appropriate)⁺: SINGLE DOUBLE OTHER (EXPLAIN BELOW). I WANT A ROOMMATE⁺⁺: YES NO

+Published costs for club trips are for double occupancy in hotel rooms or condos. ++Singles will be matched up by the trip leader to the extent possible, but a roommate is not guaranteed, especially for late sign-ups. Single rooms, if available, cost more.

IN THE EVENT OF AN EMERGENCY, NOTIFY: (Someone not on the trip with you.)

NAME _____ RELATION: _____
PHONE: HOME (____) _____ WORK (____) _____ CELL (____) _____

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SKIER No. 2: M F _____
CIRCLE ONE FIRST NAME MIDDLE NAME OR INITIAL(S) * LAST NAME DATE OF BIRTH *

PHONE HOME (____) _____ WORK (____) _____ CELL (____) _____ EMAIL _____

LODGING PREFERRED (circle one): SHARE BED WITH SKIER 1 SAME ROOM; SEPARATE BEDS OTHER (EXPLAIN):

IN THE EVENT OF AN EMERGENCY, NOTIFY: (Someone not on the trip with you.) (Only required if different than for Skier 1)

NAME _____ RELATION: _____
PHONE: HOME (____) _____ WORK (____) _____ CELL (____) _____

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SKIER No. 3: M F _____
CIRCLE ONE FIRST NAME MIDDLE NAME OR INITIAL(S) * LAST NAME DATE OF BIRTH *

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SKIER No. 4: M F _____
CIRCLE ONE FIRST NAME MIDDLE NAME OR INITIAL(S) * LAST NAME DATE OF BIRTH *

PAYMENTS: A \$500 deposit, per person, is required to hold a reservation on most trips (some trips might be more or less). Trip leaders will establish a schedule for subsequent payments. The total amount due must be paid at least 45 days before departure; in some cases it may be required earlier. Anyone signing up after the full-payment-due date must pay the total cost immediately. A \$10 per person fee will be assessed for withdrawal from a trip or transfer from one trip to another. Deposits paid by participants to secure reservations and any subsequent payments made are refundable, less withdrawal/transfer fees, only insofar as the monies are recovered by the PSC in accordance with the terms of its contracts with its agents.

DISCLAIMER OF LIABILITY: The Pentagon Ski Club (PSC) is a non-profit organization whose members join together to enjoy various athletic and social activities. The trip applicant and his/her family acknowledge that sports such as skiing present a certain level of danger and that personal injuries can and do occur. The applicant and his/her family agree that the PSC, its officers, trip leaders, members, and agents shall not be liable nor responsible for, and applicant shall save and hold them harmless from and against, any and all claims and damages of every kind for injury to or death of any person or persons and for damage to or loss of property, whether or not caused by the negligence of the PSC, arising out of, or attributing directly or indirectly to, the operations, event, or events conducted by the PSC of which the Undersigned or his/her family members are participants. In the event of inclement weather, injury, or other causes of events beyond the control of the PSC which cause delay or necessitate medical care, special transportation other than that specifically contracted in a PSC trip, or other expenses, it shall not be the responsibility of the PSC to pay for resulting costs and expenses, including, but not limited to, additional lodging expense, additional meal(s) expense, medical expense, special transportation, or other similar expenses.

As a condition of participation, the undersigned agree(s) to abide by the rules and by-laws of the PSC, and while participating in the activities of the PSC to obey activity or trip rules and orders of the person(s) in charge of such activities. The Undersigned shall ensure that all family members also comply with all applicable rules and orders of the PSC and the person(s) in charge of such activities.

SIGNATURE OF EACH ADULT IN GROUP: _____ DATE: _____

SKIER 1 _____

SKIER 2 _____