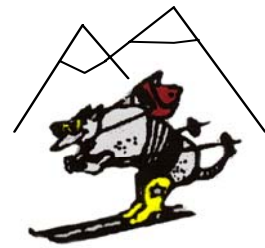


ARMADILLO SKI CLUB

P.O. Box 7161 - Beaumont Texas 77726-7161



TRIP APPLICATION

(To Be Filled Out By Each Trip Participant)

Please Print

Trip Destination _____ Trip Dates _____

Name _____ Birthdate _____
Month Day Year

Address _____
Street or P.O. Box City State ZIP

Phone _____, _____, _____ E-Mail _____
HOME WORK FAX

In case of an emergency, who should be notified?
Name _____ Relationship _____ Phone _____

CONDO Preference (please check one from each column)

Condo Size	Facilities	Habits	Sex	Status	Person/Condo
<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 1 Bath	<input type="checkbox"/> Smoking	<input type="checkbox"/> men	<input type="checkbox"/> Singles	<input type="checkbox"/> 2 People
<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/> 2 Bath	<input type="checkbox"/> Non-smoking	<input type="checkbox"/> Women	<input type="checkbox"/> Couples	<input type="checkbox"/> 4 People
<input type="checkbox"/> Other _____	<input type="checkbox"/> 3 Bath	<input type="checkbox"/> Not Important	<input type="checkbox"/> Mixed	<input type="checkbox"/> Mixed	<input type="checkbox"/> 6 People
	<input type="checkbox"/> Not Important		<input type="checkbox"/> Not Important	<input type="checkbox"/> Not Important	<input type="checkbox"/> 8 people

Roommate Preference: (please list) _____, _____, _____
_____, _____, _____

Note: All efforts will be made to give each participant what they have requested but in some cases this may not be possible.

SKI ABILITY: Never-Ever Beginner Intermediate Advanced

Equipment Rental:
Do you want the club to arrange Ski Rentals for you? No (skip this section) Yes (complete the following if known)
Height _____ Weight _____ Shoe Size _____ Ski Length _____

Trip Cancellation Policy

I understand that I do not hold a reserved place on any trip until the required membership dues and appropriate first deposit has been paid to ASC, I understand that membership dues are nonrefundable and payments made for trips or activities may not be refundable, in whole or in part and that all payments will be handled in accordance with the applicable provisions of the Bylaws.

Anyone who cancels an Armadillo Ski Club, Inc., (ASC) trip after the initial deposit (\$100.00) will forfeit a \$25,00 service charge and will be responsible for any other cancellation charges up to full payment that may have been incurred by the club. Any refund will be issued after completion of trip. Exceptions by board approval. **CHECK WITH YOUR TRIP LEADER**, as penalties vary an each trip, For a complete description of trip cancellation policies, refer to the ASC Bylaws and Standing Rules.

I have read, understand and agree to the cancellation fees and policies or the Armadillo Ski Club. In addition as a member of the ASC I have read and signed the Release of Liability and indemnity form that is part of the club membership application.

Signature _____ Date _____

Make checks payable to Armadillo Ski Club and return to
ARMADILLO SKI CLUB INC. P.O. Box 7161, Beaumont, TX 77726-7101