



# Cedar Springs Ski Club Inc.

## 2011/2012 Extended Trip Application

Please submit a separate Extended Trip Application form for each Extended Trip you wish to attend.

Make additional photocopies of this Extended Trip Application form as necessary or download additional application forms from [www.skicedarsprings.com](http://www.skicedarsprings.com).

Print clearly and legibly. *Print your name exactly as it appears on your passport. Passport information is required for all trips to any out of Canada destination.*

Complete all information on the Extended Trip Application form. Incomplete application forms will not be accepted. A completed application includes all payments for the trip. Post dated cheques are acceptable.

**\*Issue all payments by cheque made out as follows:**

- For Quebec City: Ski Can Ltd.
- For Three Valleys: Vacation Station
- For LakeTahoe: Vacation Station
- For Sun Peaks: Ski Can Ltd.
- For Killington: Ski Can Ltd.
- For Ellicottville: Cedar Springs Ski Club Inc. – In Trust

Completed applications must be mailed to Cedar Springs Ski Club Inc., P.O. Box 85447, Brant Plaza Postal Outlet, Burlington, ON L7R 4K5 or submitted in person at Information Night on Tuesday, Nov. 1<sup>st</sup>, 2011.

Trip spaces are assigned in the order in which the completed applications are received. Early submissions are recommended to avoid disappointment. In the past few years, many trips fill up very quickly.

**Trip Destination:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Applicants:**

	Last Name <small>Please print exactly as on Passport</small>	First Name <small>(as on Passport)</small>	Member #	Citizenship <small>(Optional)</small>	Passport# <small>(Optional)</small>	Passport Expiry date <small>(Optional)</small>	Date of Birth	Trip Cost	Insurance Cost <small>(optional)</small>	Total Cost
1						MM / DD / YYYY	MM / DD / YYYY			
2						MM / DD / YYYY	MM / DD / YYYY			
3						MM / DD / YYYY	MM / DD / YYYY			
4						MM / DD / YYYY	MM / DD / YYYY			
<i>Insurance premium must be included with deposit</i>									<b>TRIP TOTAL</b>	
									*Deposit/Insurance <small>(cheque enclosed)</small>	
									*Balance: <small>(cheque enclosed)</small>	

**Primary Applicant Information:**

Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street City Province Postal Code  
 Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Requested Roommates (in addition to Applicants):**

1.
2.
3.
4.