**January 29- February 5, 2022 Aspen-Snowmass trip with NWSCC**

Yes, sign me up! (Couples signing up together need to submit separate forms. FWSA forms to be completed later.)

Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name I want on my name badge (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required by FWSA)

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please circle your preferred contact method above.*

I belong to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, member ski club of NWSCC (required).

Male \_\_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_\_ Skier/Boarder \_\_\_\_\_\_\_\_\_ Non-skier \_\_\_\_\_\_\_\_\_

*LODGING*

I want to share a bedroom with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

I prefer to share a condo with: (You may list up to 2 additional people as preferred condo mates)

(names)

*TRANSPORTATION*

More To Be Announced Later. Because Northwest participants fly out of multiple airports, our group may not qualify for group airfare. You will probably have to book your own airfare to Aspen.

I need special accommodations/diet (list)

Payment sent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2021 Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_

Date

**Mail this completed page with your check payable to:**

NWSCC | Aspen-Snowmass Trip

c/o Rod Robinson

1844 NE Maker Way

Bend, OR 97701

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_date

I have been informed of the cancellation penalties and agree to the terms of the cancellation policy. I understand that a $25 charge may be imposed for any returned check.

Travel insurance recommended.