



TRIP RESERVATION FORM

NAME: _____

ADDRESS: _____

HOME PHONE NO. : _____ WORK PHONE NO. : _____

CELL PHONE NO. : _____

MALE: _____ FEMALE: _____

ROOMMATE PREFERENCE: _____ CLUB AFFILIATION: _____

EMERGENCY CONTACT: _____
NAME AND PHONE NUMBER



PICK-UP POINT: Federal Bldg. _____ Valley _____

TRIP DATES:

- Fri Jan 8
- Fri Mar. 19

CANCELLATION DATE

- Dec 2**
- Feb 3**

CANCELLATION FEE:

\$25 Prior to deadline. There will be a full forfeiture after deadline unless a replacement is found.

TOTAL PAYMENT: _____

Interested in riding the bus only? Please contact the group leader.

**Send your check made payable to Single Ski Club, to:
 Single Ski Club • P. O. Box 2684 • Culver City, CA 90231-2684**

FOR MORE INFORMATION

January 8th group leader: Chuck Hicks (310) 822-8340

March 19th group leader: Uta Buschor (310) 390-3665