

TRIP APPLICATION FORM

| | | | | |
|---------------|---|---------------|-------|------------------|
| Name | _____ | Ski Club | _____ | (Membership #) |
| | (<i>exactly as it appears on your Passport</i>) | Telephone | _____ | |
| Address L1 | _____ | Work/Cell | _____ | |
| L2 | _____ | Email | _____ | |
| City/Province | _____ | Date of Birth | _____ | (DD/MM/YY) |
| Postal Code | _____ | Citizenship | _____ | Passport # _____ |

PAYMENT OPTIONS – see instructions on Skican Group portal

Credit Card Master Card VISA AmEx *(no extra fee to use credit card)*

CALCULATIONS for your reference only – all payments made via Skican Group portal

| PACKAGE | ADDITIONS | DEDUCTIONS |
|--|--|--|
| DOUBLE occupancy | Adult 6-day lift pass <input type="checkbox"/> \$ 90.00 | Adult 5-day lift (<i>included</i>) <input type="checkbox"/> \$ 0.00 |
| Double – 2 beds <input type="checkbox"/> \$4,499.00 | IKON Adult 6 th day <input type="checkbox"/> \$ 155.00 | No lift pass <input type="checkbox"/> \$ 545.00 |
| Double – 1 bed <input type="checkbox"/> \$4,499.00 | Skier 65+ 6-day lift <input type="checkbox"/> \$ 30.00 | Skier 65+ 5-day lift <input type="checkbox"/> \$ 55.00 |
| SINGLE occupancy <input type="checkbox"/> <i>Sold out</i> | IKON Skier 65+ 6 th day <input type="checkbox"/> \$ 130.00 | Land Only <input type="checkbox"/> \$ 1,580.00 |
| SINGLE in a double <input type="checkbox"/> \$5,189.00 | Optional Insurance * <input type="checkbox"/> \$ _____ | <i>* contact Skican for costs</i> |
| Package Total (A) <input type="text"/> | Additions Total (B) <input type="text"/> | Deductions Total (C) <input type="text"/> |
| Total (A) + (B) - (C) | | ⇒ TOTAL package cost = <input type="text"/> |

Deposit Due upon Registration **\$1,250.00** (+ ins \$ _____) \$ _____

Balance Due October 23, 2025 **Balance owing** \$ _____

ROOMMATE - Please indicate:

Sharing with: _____

Assign a roommate: *If we are unable to make a match, single occupancy cost will apply.*
If you are solo, wishing to share accommodation, the Club will attempt to match you with a suitable roommate.

TRAVEL INSURANCE

I **accept** Skican offer of Travel insurance and include payment with Deposit (*see Information Package*).

I **decline** Skican offer of Travel insurance. *You must sign the INSURANCE WAIVER (below).*

INSURANCE WAIVER – Complete this portion only if declining Skican Travel insurance

I have declined to purchase the travel and/or cancellation insurance offered in this package and will not hold Skican Group Travel, the Trip Leader, nor the RA Ski & Outdoor Club responsible for any expenses incurred as a result of my refusal to purchase this travel insurance.

Signature: _____ Date: _____

My alternative Travel insurance is provided through:

Travel Insurance Company: _____

Certificate #: _____ 24 hr phone #: _____

MEDICAL INFORMATION and INSURANCE

Name (on card): _____

Health Insurance # _____

(OHIP/Quebec/other): _____

Medical Insurance Company: _____

Certificate #: _____ 24 hr phone #: _____

Person to be notified in case of an emergency _____ Relationship: _____

Telephone: _____ Cell: _____ Email: _____

Doctor's Name: _____

Address: _____ Telephone: _____

Do you suffer from any of the following:

Epilepsy No () Yes (), Asthma No () Yes (), Diabetes No () Yes (),

Other? _____

Are you under any treatment which should be continued on the tour? No () Yes ()

If Yes, please specify (including medications and where it will be kept during the trip i.e. pocket, toiletry kit, etc.):

Do you have allergies to any food or medications? *Please specify:*

Do you carry an epi-pen? No () Yes () Where? _____

Do you have any food restrictions (religious or other)? *Please specify:*

I am in good physical condition and able to participate in all regular activities. To the best of my knowledge, the above information is correct. However, should it become necessary, I hereby give permission to the physician approved by my insurance provider to hospitalize, or secure proper treatment for me in case of an emergency. I am aware that I am responsible for payment of all costs incurred in such emergency and assistance will not be provided by Skican, the RA Centre, the RA Ski & Outdoor Club, or the Trip Leader.

Signature: _____

Date: _____

STATEMENT OF UNDERSTANDING of TERMS and CONDITIONS

The undersigned releases the RA Centre, the RA Ski & Outdoor Club and the Trip Leader for any damage or injury to person or property, however caused, arising out of or resulting from any services, sales or accommodation provided in connection with the ski trip for which this application is made.

I have read, understood, and agree to the Terms and Conditions of the Application form for the RA Ski & Outdoor Club Weeklong trip, as described in the Weeklong Trip Information Package. This Application form will serve as a binding agreement between this applicant and Skican.

Signature: _____

Date: _____