

American Blind Skiing Foundation

Cascade March 2017 - Trip Application and Contract

Name _____	Trip Destination CASCADE MOUNTAIN
Address _____	Cost \$95/\$75
City _____	Dates of Trip MAR 3-5, 2017 per person
State _____ Zip _____	I have read the terms and regulations of this Contract and agree to abide by said contract. I will maintain the standards and reputation of American Blind Skiing Foundation and release its agents and officers, present and future, of any responsibility or liability whatsoever for any loss of property or any personal injury occurring on this trip. I further agree to assume all responsibility for any and all expenses incurred during this trip by me beyond those included in the trip plans and cost.
Phone (Cell) _____ (Home) _____	Signature _____ Date _____
Email _____	
Emergency Contact Name _____	
Emergency Contact Phone _____	
<input type="checkbox"/> Male _____ <input type="checkbox"/> Female _____	
Children _____	

TERMS AND REGULATIONS

All trips offered by American Blind Skiing Foundation shall be outlined in the Club's official publications and will be carried out according to the published outline and the terms of this contract. However, the American Blind Skiing Foundation reserves the right to change the destination of the trip or to cancel the trip if the Executive Board deems it necessary due to snow conditions or other unforeseeable circumstances. This action will be avoided if at all possible. Should this occur the trip participant will be charged his/her portion of un-cancellable trip cost.

The American Blind Skiing Foundation reserves the right to refuse the application of any person or persons who do not conform to the American Blind Skiing Foundation standards.

Trip participants are strongly urged to have hospitalization and health insurance and are responsible for arranging their own policies.

Trip Leader and Remit to:

Barb Feltz
847-772-0074

REMIT TO **Beth Zange**
1546 Hickory Road
Woodstock, IL 60098

For Trip Leader's Use Only

- Deposit Date _____ Amount \$ _____
- Payment Date _____ Amount \$ _____
- Payment Date _____ Amount \$ _____
- Payment Date _____ Amount \$ _____
- Cancellation Date Notified _____
- Transfer \$ _____ to _____
- Refund Requested _____
- Refund Paid Date _____ Amount _____

REGISTRATION AND CANCELLATION POLICIES

Reservations for all trips will be accepted only when completed trip contract and required deposit are submitted to the Trip Leader. Your initial payment should make you "current" with the amount due by the date you sign up.

1. Trip Guidelines

- a. **Payment, in full, due no later than February 3, 2017.**
- b. **Cancellation** with possible, partial penalty with notice to Trip Leader no later than **February 10, 2017**. If the group decreases by over 10% penalties will be assessed based on chargeback to ABSF.
- c. **Refunds will only be given after 30 days** if a replacement can be found for the individual.