

American Blind Skiing Foundation

Trip Application and Contract

Name _____ Address _____ City _____ State _____ Zip _____ Phone (Cell) _____ (Home) _____ Email _____ Emergency Contact Name _____ Emergency Contact Phone _____ <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Children _____ _____	Trip Destination Whitefish Montana Dates of Trip 3/3/2018-3/10/2018 Cost \$750 per person 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. Signature _____ Date _____
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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:
Matt Rakowski
206 S Forrest Ave.
Arlington Heights, IL 60004

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.

Trip Payment/Cancel Schedule

- a. **\$100** per person is due at trip sign up.
- b. **\$200** per person due no later than **November 15, 2017.**
- c. **\$200** per person due no later than **January 15, 2018.**
- d. Balance of **\$250** per person due no later than **February 15, 2018.**
- e. **Cancellation** with possible, partial penalty with notice to Trip Leader no later than **December 1 2018.** If the group decreases by over 10% penalties will be assessed based on chargeback to ABSF.
- f. **Refunds will only be given after January 1 2018** if a replacement can be found for the individual. A ticket change fee may be deducted from refunds .