Killlington Weeklong Trip Registration Form 2019

Please photocopy this form and use one form per member

General Information	Name:	Membership	Membership Number:	
Phone #	Home:	Office:	_	
Week Long Trip	Roommate (s) if you have one, els Last Name: First Name: One or two beds: Smoker:			
- Please circle your c Killingtor	n, Vermont US - weekl ۱, Vermont US - weekl	don't wait for the deadline to ong trip, March 10		
Option Type - i.e. no	lift, no air ticket etc., see "Trip Details"	Option Cost	Total Cost	
 \$ 795 per pers.in de \$ 795 per pers.in tr \$ 695 per pers.in qu \$ 795 per pers.in qu \$ 695 per pers.in qu \$ 645 per pers.in si If you have Ikon pa \$ 180.00 for adult 	single occ. in a 1-bedroom condo puble occ., in a 1-bedroom condo iple occ., in a 2-bedroom condo iad. occ., in a 2-bedroom condo iad. occ., in a 3-bedroom condo int. occ., in a 3-bedroom condo x occ., in a 3-bedroom condo ss for Tremblant deduct and - \$155.00 for senior educt \$25.00 from the package			
cost, you need to co <u>flefebvre@voyages</u> She will need your	date of birth. (dd-mm-yyyy) insurance when booking.	To get the		

Any extra Information: _____

Can be paid by visa for the weeklong trip only, cheque payable to SKI EXTREME CLUB or Email Transfer send to <u>2dpoitras@rogers.com</u>. To pay via credit card, call Diane Poitras at 613-225-6834.

Mailing address: SKI EXTREME CLUB, 1559 Alta Vista Drive, P.O. Box 59008, Ottawa, Ontario K1G 5T7

Credit card number: _____

Expiry date: _____

3 digits at the back #: _____

or Admin use only: Payment received cash		Visa (Y/N) Amount		
	1 st cheque	chq #	Email transfer	
	2 nd cheque	chq #	postdated (Y/N)	
	Total Paid		Admin's initial :	