



TRIP APPLICATION

www.CfssSnowSkiClub.com

(Complete Both Pages) Page 1

I have completed a current membership application and paid my dues to Central Florida Snow Skiers.

MEMBER

(Print name as it appears on Driver's License, for airline ticket purposes.)

Name on license _____

Name you wished to be called _____

Address _____

City, State _____ Zip _____

Phone _____ (H) _____ (W) _____ (C)

E:mail _____ Birthday (month/day/year) _____

MEMBER

Name on license _____

Name you wished to be called _____

Address _____

City, State _____ Zip _____

Phone _____ (H) _____ (W) _____ (C)

E:mail _____ Birthday (month/day/year) _____

Children's names and ages:

1. _____ 2. _____

3. _____ 4. _____

Make check payable to CFSS. Mail check and Application to the Trip Leader whose address appears on the Trip Flyer. Please refer to Trip Flyer for trip cost, trip deposit schedule, cancellation fees and other details.

TRIP: _____ Trip Leader: _____

