



INDIANAPOLIS SKI CLUB TRIP APPLICATION (revised June2020)

Ground Only _____

Destination _____ Dates _____

Back to Back Trip _____

All participants, including minors, must be included and completed below							
Applicant Legal Name (as on photo REAL ID) Please Print legibly for airline ticketing	M/F	Age	Birth Date M/D/Y	ISC Member? If No, list club	Skill Level B/I/A	6 th Day Lift	NO Lift Tickets
Legal Name: _____ TSA KTN: _____ Passport #: _____ Passport Exp Date: _____							
Legal Name: _____ TSA KTN: _____ Passport #: _____ Passport Exp Date: _____							
Applicant's Address: Street _____ Home Phone _____ City _____ State _____ Zip _____ Work Phone _____ E-Mail _____ Cell Phone _____ E-Mail _____ Cell Phone _____							
Medical Information <i>Do you have any significant medical problems? If so, please state briefly. List any medications.</i> _____ _____							
Emergency Contact Information Name _____ Relationship _____ Phone _____ Email _____							
List Roommate Preference(s) _____ Occupancy Policy: All efforts will be made to honor roommate & occupancy requests, but there can be no guarantee they will be met. <input type="checkbox"/> Check to request single occupancy (Extra cost)							
ISC Highly Recommends Trip Insurance! Please check one of the following: <input type="checkbox"/> I (we) choose not to purchase trip insurance <input type="checkbox"/> I (we) would like to purchase trip insurance through the tour operator <input type="checkbox"/> I (we) will purchase trip insurance separately							
Trip Policy Acceptance: <input type="checkbox"/> I (we) have read the club TRIP POLICY. I (we) understand and will abide with by the policy.							
SIGNATURE(s) _____				Date _____			
SIGNATURE(s) _____				Date _____			