**LEBANON SKI & SPORT CLUB, Inc (LSSCI) - TRIP/EVENT REGISTRATION FORM 2024/2025**

**1. TRIP/EVENT SIGN-UP AND PAYMENT**

A. Everyone participating in Club trips must be a current member of the **LSSCI** INITIAL\_\_\_\_\_\_\_\_\_\_\_\_

B. Everyone participating in club trips must be at least 18 years of age, unless accompanied by a Parent/Legal Guardian.

C. Registration for all club trips involving overnight stays, payment, or common transportation, must include this registration form and the initial deposit. Deposits shall be made by check made payable to the **Lebanon Ski and Sport Club, Inc.**

D. Everyone under 21 years of age must abide by all state laws governing alcoholic beverage consumption. Any individual under 21 years of age who consumes alcoholic beverages or any club member, who furnishes any individual under the age of 21 with alcoholic beverages, shall be prohibited from participating in any additional club trips. In addition, the Board may expel said individual(s) for violations of this policy.

E. Trips will be filled as follows:

1. Registrations will be accepted in the order they are received. Deposits and registration forms are to be given to the trip leader assigned to that trip. Trip Leader addresses will be listed in the monthly newsletter.

2. The initial deposit amount and the schedule for the remaining payments will be stated in the official trip announcement. Payment schedules will also be listed in the monthly newsletter.

3. The club makes reasonable efforts to pair members to fill rooms to meet the occupancy rate. However, due to the variety of room configurations, parties signing up for trips with less than required occupancy may incur additional charges to cover room costs not otherwise covered. INITIAL\_\_\_\_\_\_\_\_\_\_\_\_

F. **Lebanon Ski & Sports Club Inc. (LSSCI)reserves**the right to make any changes including, but not limited to: price, time, departure point, lodging, air flights, trip cancellations - where such changes are in the best interest of *LSSCI* or are compelled by circumstances beyond *LSSCI’s* control. When it is **beyond the clubs control** ( ie, weather, airlines etc) any cost incurred will be the responsibility of the participant, not the club. INITIAL\_\_\_\_\_\_\_\_\_\_\_\_

**2. Participant Cancellation:** Cancellation with full refund will be made if the vacancy created is filled at the time of the event. It is the responsibility of the participants to find a replacement, not the trip leader. If the vacancy is not filled, refunds will be made only for the portion of the deposit not required to cover fixed, non-refundable expenses incurred by the club. Cancellations fees will be determined on a trip-by-trip basis. Any trip refund is provided after the trip. INITIAL\_\_\_\_\_\_\_\_\_\_\_\_

**TRIP REGISTRATION FORM** Please use this form for club trips as noted. Attach a check made payable to the **Lebanon Ski & Sport Club** for your deposit/payment and either mail or give it to the trip leader at the club meeting.

Trip/Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one:

I/We wish to fly with the club on their available air package.

I/We will be responsible for our own flights and ground transportation.

**(Provide name EXACTLY as it appears on your legal travel document, Real ID, Drivers’ License, Passport, etc.)**

Name 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Name 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Name 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Name 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Name 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person you wish to room with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROOM REQUESTS: Requests for specific room assignments should be specified on the application form.

Although every effort will be made to honor each request, we cannot guarantee them due to lodging configurations.

Check No. \_\_\_\_\_\_\_\_\_\_\_ Deposit Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name 1: Birth date: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ Name 2: Birth date: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_

 **Month Day Year Month Day Year**

PARTICIPANT SIGNATURES Name 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_