## Oklahoma City Ski Club Membership Application



Last Na	nme	First Name	Date of	Birth Sex M/F
				<u>M/F</u>
				<u>M/F</u>
				M/E
				M/F
				<u>M/F</u>
Dues:	Single \$35.00 Single person 18 and ove	Family \$45.00  Married Couples (18 and o with or without children or 8		
	We're curious:	Is your membership	New or a Renewal?	
		Have you ever been a	a member of the OKC Ski C	lub before?
		□Yes □N	o If yes, when? _	
		Was anyone responsi	ible for your membership?	
		□Yes □N	o If yes, who?	
	Address:		No. 188 East 1994	
		City:	State:	Zip:
	Phone:	H:	W:	C:
	Email:			
employee tained by Ski Club, acknowle injuries ar eration fo	es, agents and officers, for bod me, or a family member or gu- even if caused by the negliger dge that skiing, snow boarding re to be expected, and I hereby r and condition of acceptance	lly injury, property damage, loss est of mine, while participating ince of the Ski Club, or caused by and other activities associated assume this risk on behalf of my request for membership in	of personal property, delays or income any activity or on any trip arranged by the negligence of any Ski Club, with the Ski Club are inherently hampself, my family members and my	hereafter "Ski Club") and the Ski Club's convenience, or any other damages, sussed or organized, in whole or in part, by the employee, agent, officer or member. I szardous activities and that accidents and guests. The assumption of risk is a considit membership dues and contributions to the
Signati	ıre:		Date:	
	(Application will no	t be processed without signature)		
Questic	ons:	Info@okcskiclub.org		
Mail to:		0	oma City, OK 73154-1912	
Checks	Payable to:	Oklahoma City Ski Clu	ub	
Office use	a carbu	amt pd	date	member#

## **OKC Ski Club Trip Application**

Name:		Trip #: To:			Departure Date:		
Phone H:	Name:						
Birthdate: Age: Cother family members on this trip:  1 Age: Relation: 2: Ag e: Relation: 3: Age: Relation: 4 Age: Relation: 1 prefer to room with: 4	Phone H:						
Other family members on this trip:  1.	N:	Cell:	+	E-mail:			
Age: Relation: 2. Age: Relation: 3. Age: Relation: 4. Age: Relatio	Birthdate:	Age:					
Age: Relation: 2. Age: Relation: 3. Age: Relation: 4. Age: Relatio							
Age:Relation:4Age:Relation:4Age:Relation:	Other family memb	ers on this trip:					
In case of an emergency notify:  Phone H:	1	Age:	Relation:	2	Ag e: Relation:		
In case of an emergency notify:  Phone H:	3	Age:	Relation:	4	Age: Relation:		
Phone H: W: Cell:	prefer to room wit	h:					
Phone H: W: Cell:	am under 18 and	my guardian on thi	is trip is:				
Phone H: W: Cell:							
Phone H: W: Cell:	n case of an emer	gency notify:					
Rental information: I want to rent skis  or a snowboard  (Check one if applicable)  Ski and Snowboard: Height:							
Ski and Snowboard: Height: Weight: Shoe Size: Snowboard only: Goofy (R foot forward) or Regular (L foot forward) or Step in or Strap can be shown and only: Goofy (R foot forward) or Regular (L foot forward) or Step in or Strap can be shown as sh							
Mail this completed form along with your deposit to the trip captain.  If it's 45 days or less to departure, mail the entire amount due.  Notes:  Office Use only:  Amount paid: Date: Cash: Check:  Credit Card: Visa/MC or Discover Name on card:  Credit Card #: Billing Zip Code: Exp Date:	Snowbo	pard only: Goofy (	'R foot forward)	or Regular (L foot forward	Step in or Strap		
Office Use only:  Amount paid: Date: Cash: Check: Credit Card: Visa/MC or Discover Name on card: Billing Zip Code: Exp Date:	Lesson information would classify my I have rea and agree	n: I want to take leginner d and understand to to pay the OKC SI	essons? r	Beginner Intermed or Expert Skier. Of Trip Policies	check one. the trip policy.		
Office Use only:           Amount paid:         Date:         Cash:         Check:           Credit Card: Visa/MC or Discover         Name on card:	Lesson information  would classify my  I have rea and agree  SIGNED_	n: I want to take leginner d and understand to pay the OKC SI	essons? r	Beginner Intermo	check one.  the trip policy.		
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Office Use only:  Amount paid: Date: Cash: Check:  Credit Card: Visa/MC or Discover Name on card:  Credit Card #: Billing Zip Code: Exp Date:	Lesson information  would classify my  I have rea and agree  SIGNED_	n: I want to take leads as a Beginner did and understand to to pay the OKC SI	essons? r	Beginner Intermed or Expert Skier. (  Trip Policies Illation fee as outlined in the DATE	check one.  the trip policy.  sit to the trip captain.		
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