



**BLUE RIDGE SKI AND OUTING CLUB**

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**LONG DISTANCE TRIP APPLICATION**

: BRECKENRIDGE, CO TRIP DATE(S): FEBRUARY 3-10, 2024

**FULL NAME:** (EXACTLY LIKE YOUR ID) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**FULL ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **MALE or FEMALE**

**OTHERS ON THIS APPLICATION:** (EXACTLY LIKE ID) \_\_\_\_\_ **BIRTH** \_\_\_\_\_

**NEXT OF KIN:(NAME)** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PAYMENT INCLUDED: DEPOSIT (\$400) \$** \_\_\_\_\_ **FULL PAYMENT \$** 2085

**GROUND ONLY \$** 1679 (check one) **FLYING WITH US OUT OF GSO** \_\_\_\_\_

**NO LIFT TICKET DEDUCT \$** -324 (please deduct and circle this amount if you have your ticket or don't need one)\_

The undersigned hereby acknowledges that hazards are inherent in the sport of skiing and hereby assumes all risks of injury of damage incidental to such activity. In consideration of the mutual benefits derived from the joint participation by membership in the Blue Ridge Ski and Outing Club in skiing and related activities the undersigned does hereby absolve, release and waive any and all liability, claims or demands against the Blue Ridge Ski and Outing Club and the officers, directors and each and every member thereof which may arise out of or be related to any injury, damage or pecuniary loss by reason of such club membership or activity or of participation in said organization, including but not limited to, any associated with any or all weather phenomena. If trip participant is under the age of 18, this form MUST be signed by parent or guardian. The parent or guardian acknowledges that minor child will be in an unchaperoned status and hereby absolves the Blue Ridge Ski and Outing Club and it's officers, directors, and members of any liability, claims, or demands relating to any injury, damage, or pecuniary loss for any skiing or non-skiing related injury sustained during the trip.

**SIGNATURE** (of each adult covered by this application) \_\_\_\_\_

**PARENT OR GUARDIAN (IF UNDER 18)** \_\_\_\_\_

**ROOMMATE PREFERENCE(S):** \_\_\_\_\_

**THE FOLLOWING CONDITIONS ARE PART OF THIS APPLICATION:**

- I understand that my deposit will not be returned if I cancel, unless there is someone on the waiting list or I find someone to take my place. Other cancellation fees may be applied based on BRSOC's contractual obligations for this trip.
- BRSOC reserves the right to cancel or refund deposits, if necessary.

\*\* PLEASE EMAIL, SCAN (take good picture of it and email to me), MAIL OR HAND TO ME \*\*  
\*\* ALL CHECKS PAYABLE TO "BRSOC" \*\* YOU CAN ZELLE OR VENMO (Contact me first)

**David Moore – Long Distance Trip Director**  
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