



NWSCC Bachelor Blast

April 5-7++, 2019

Yes, sign me up!

(Couples & families signing up together may submit all information on one form)

Name(s): _____

Mailing Address: _____

City, State, Zip: _____

E-mail: _____

Home phone: _____ Cell Phone: _____

I/We are members of _____, member club of NWSCC.

Male _____ Female _____ Non-skier _____ Age (if qualified for discounts) _____

LODGING CHOICE: _____ Double Queen Room _____ King Room

PLEASE CIRCLE DESIRED OPTION(S) - INDICATE QUANTITY DESIRED – THEN ADD UP TOTAL:

	Regular Adult Price	Senior 65-69 or Teen 13-18 (indicate which)	Super Senior 70+ or Youth 6-12 (indicate which)	Amount Due:
2 nights, 2 out of 3 days lifts	\$265.00	\$235.00	\$205.00	\$
Add one extra lift ticket (3 out of 5 days)	\$59.00	\$42.00	\$28.00	\$
No lifts needed or Non-skier price	\$125.00	\$125.00	\$125.00	\$
Optional lasagne buffet lunch at Mt. Bachelor on Saturday noon will be \$22.50 per person – minimum 20 – indicate interest and we will collect money when we know we have enough participants				Interested? Y N Circle one
Special per person trip pricing for larger suite (contact Trip Captain to arrange)				\$
TOTAL				\$

I/we want to add on an extra night (\$100 per ROOM, whether single occupancy (\$100) or double occupancy - \$50 per person): Thursday, April 4 _____ OR Sunday, April 7 _____

I want to share a room with (list all names): _____

Mail this completed form with your check payable to NWSCC:

NWSCC - Bachelor Blast. 5331 SW Macadam Avenue, Suite 258, Box 438, Portland, OR 97229

Payment sent: Amount \$ _____ Check # _____ Date _____

To pay with credit card, mail your form to NWSCC and Contact treasurer@nwskiers.org for Visa/Mastercard payment (3% charge will apply).

Liability Release: In consideration of my participation in the Bachelor Blast April 2019 trip, I hereby release the Northwest Ski Club Council, its officers, event organizers and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. I understand that the Northwest Ski Club Council does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP ALL LEGAL RIGHTS BY SIGNING IT. I SIGN IT VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature Required For Trip Contact/Person Completing This Form:

_____ Signature _____ Date _____

Full payment due by March 1, 2019. Cancellation policy may apply if we cannot fill your spot.

I understand that a \$25 charge will be imposed for any returned check.

Contact: Linda McGavin, Trip Captain, at editor@nwskiers.org / www.nwskiers.org