



## Trip Application Form for Snowmass 2021

February 20, 2021 to February 27, 2021

C.K. (Kirven) Mills - Trip Leader, (813) 323-1601, [ck@flskiadv.com](mailto:ck@flskiadv.com) or

Mohit Sambhu Assistant Trip Leader (813) 384-8388, [mohit@flskiadv.com](mailto:mohit@flskiadv.com)

November 9, 2020

Dear Friends of Florida Ski Adventures:

We have a great trip planned for 2021. We are very excited to be staying at the Westin Snowmass Resort, a 4-star, ski-in, ski-out resort on the main slope. Our trip is during peak season, but we managed to negotiate the value season price. FSA's price of \$1,425, per person, double occupancy (PPDO) includes 7 nights lodging, resort fee, numerous amenities detailed in our cover letter, discounted ski rental, discounted lift tickets, discounted ski school, all group activities, custom FSA long-sleeve tee shirt, pizza party and souvenir name badge.

Your deposit of \$250 per person will hold your spot for this fabulous snow ski experience. Please make your check payable to Florida Ski Adventures, LLC and mail it to C.K. Mills, 15207 Lake Maurine Dr., Odessa, FL 33556. The remaining balance is due in our hands by December 15, 2020. Please print the application information and keep a copy for your records.

**PLEASE PRINT LEGIBLY, AND KEEP A COPY FOR YOUR RECORDS**

<b><u>EXACT</u> Photo Identification Name</b>	First Name or Nickname for Name Badge	Renting Equipment? Yes/No	Skier Ability: <u>Beginner,</u> <u>Intermediate, Advanced,</u> <u>or Expert</u>	Shirt Size (Mens) (M, L, XL, XXL)	Shirt Size (Ladies) (M, L, XL, XXL)
Skier A					
Skier B					
Skier C					
Skier D					

**Below information will not be shared by FSA (Please Print Legibly)**

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

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

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please Indicate Best  
Phone Number to  
Reach You.**

**In Case of Emergency - Notify (someone not on the trip):**

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

Day/Night Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FSA Use Only**

**Deposit and Signed Application:**

Date Recd: / /20 Ck# \_\_\_\_\_

Amount: \$ \_\_\_\_\_ .00

**Balance Due:**

Date Recd: / /20 Ck# \_\_\_\_\_

Amount: \$ \_\_\_\_\_ .00

**RELEASE OF LIABILITY**

I and my family do hereby appoint FLORIDA SKI ADVENTURES, LLC ("FSA"), its officers, staff, and agents, as our agent to perform all acts and to enter into any and all contracts as may be deemed desirable in connection with this FSA ski trip. I understand that FSA acts only as coordinator and accepts no responsibility for the services of any person, ski area, airline, motor coach, hotel, restaurant, or travel agent or any organization whatsoever rendering any of the services or accommodations being offered on this trip. This ski trip is based upon current tariffs and is subject to change without notice. Prices on this trip for primary air and lodging have already been contracted. While FSA does not wish to charge any additional fees, any new taxes, airport fees or other unforeseen increases will be shared among all participants. FSA will notify participants as soon as practical of these additional charges. FSA accepts no responsibility in whole or in part for any delays, weather conditions, delayed departure or arrival, missed planes or other carrier connections, loss, damage or injury to person or property, mechanical defect or failure of any nature whatsoever caused, or for any substitution of hotels or of common carrier, with or without notice, or for any additional expenses occasioned thereby. We fully understand that FSA is a voluntary association run by volunteers. By participating, we do not rely on the expertise of any officer, staff, or coordinator or the agents of any of the foregoing. We agree that we are solely responsible for our personal safety, conduct, damages, and any personal charges. Should we miss departure, we understand that we may not be able to recover any part of our trip or activity payment. We agree to indemnify and hold harmless FSA, its officers, staff, and agents or contractors from any loss, cost or expense incurred by or attributable in any way to us in connection with this ski trip.

**Cancelation**

- 1. The date of receipt of both a properly completed trip application, signed by all parties, and payment of the full amount due will determine your accommodation priority.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Minor(s)

\_\_\_\_\_  
Date

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Signature of Applicant

\_\_\_\_\_  
Date

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Signature of Parent of Minor(s)

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Date

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Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Minor(s)

\_\_\_\_\_  
Date