

Breckenridge, Colorado

Cleveland Metro Ski Council

Sunday, March 24 - Saturday, Mar 30, 2024

\$1815per person includes lodging and Air (This is a 6 night trip)

- Air Round trip Cleveland to Denver via United Airlines
- 6 nights lodging at the Residence Inn by Marriott (2 Per room)
- Round trip airport transfers from Denver to Breckenridge.
- Lodging taxes and fuel surcharge
- WELCOME PARTY

<u>LIFT TICKET NOT INCLUDED</u> - If you need an Epic pass you get \$50 off land package if you purchase a 5-day Epic Day Pass or greater (Epic Pass or Epic Local). Contact Trip Leader (contact info shown at bottom of this page) if you need a lift pass. As of June 15, 2023 a 5-day lift pass is selling for \$465.

<u>Residence Inn by Marriott</u> is a fantastic hotel with a shuttle that will drop you off at the lift in a matter of a few minutes. Each room is equipped with a regular size refrigerator, stove top, and microwave oven. Breakfast is include which has a large selection. Eggs, bacon or sausage, waffles toast etc. Nice outside hot tub and pool with a great view of the ski area.

Payment schedule

- 1) **\$500 Deposit -** if you are not a member of a CMSC member ski club add \$25 to your deposit or Visit skicleveland.com for list of great ski clubs that belong to the Cleveland Metro Ski Council to join.
- 2) **\$500** September 1st
- 3) \$300 November 1st
- 4) **BALANCE DUE -** January 15th (\$25 late fee will be added if not paid by January 15th)

CANCELLATION PERIOD

Before August 1, 2023 August. 1st to Oct. 31, 2023 Nov.1st to Jan,15, 2023 After January 15, 2023

Cancelation Policy:

NON-REFUNDABLE AMOUNT (Epic Passes are non-refundable)

\$25 \$950 \$1200

Full cost of the Trip

TRAVEL INSURANCE IS AVAILABLE:

Travel is a perishable product. We highly recommend that you purchase Travel Insurance to cover your investment. You may use the insurance agent below or anyone of your choice.

Myra Altschuler - Travel Protectors www.travelprotectors.com

myra@travelprotectors.com 1-703-443-9055 1-877-515-9055.

Include a copy of your driver's license with your down payment. This is because your airline ticket will need to match your name EXACTLY.

Make checks payable to (CMSC) CLEVELAND METRO SKI COUNCIL

For information contact; Curtis Bell, CMSC trip chair curtiscmsc60@gmail.com Home: cell: 330.240.8005

Mail payment to:

Curtis Bell, CMSC Trip Chair 105 N. Colonial Drive Cortland, OH 44410-1105

^{***} The cancelation policy is stricter due to hotel's strict cancelation.

| Please initial: | CLEVELAND METRO S | (I COUNCIL, INC. TRIP AND TOUR AGREEMENT | | |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| В | A. DEPOSIT: The initial deposit for BRECKENRIDGE, COLORADO March 24—30, 2024 | | | |
| <u> </u> | B. IDENTIFICATION: Each person MUST HAVE AN L check-in. No | P-TO-DATE PASSPORT OR PICTURE ID for presentation at the airport for | | |
| | | ticipation is affected due to failure to possess proper identification. | | |
| C | C. CANCELLATION AND/OR CHARGES: Cleveland | Metro Ski Council. Inc. (CMSC) reserves the right to withdraw the tour, to refuse | | |
| | to accept or retain any person as a member of the to | our at any time, or make changes in the published itinerary whenever in their | | |
| | charges, taxes, and currency exchange rate and air | ime. CMSC may add supplemental cost such as but not limited to fuel sur- | | |
| D | D. RESPONSIBILITY: CMSC is acting as agent for the | applicant and shall not be liable for any loss of or damage to hangage or prop- | | |
| | erty, for any loss, injury, personal injury, death, accid | lent, delay, inconvenience, or any other loss during, or occasioned by appli- | | |
| E | cant's participation or lack of participation, in any trip F. REFLINDS: A full refund will be made to applicant if | or tour. Trip participants will ski or snowboard at their own risk. the trip is canceled by CMSC except and unless where such cancellation is | | |
| | necessitated or caused, either wholly or in part, by a | pplicant's cancellation or failure to make timely payments. Failure to make time- | | |
| | ly payments, at trip chairperson's discretion, may be | deemed cancellation. | | |
| | 1) Where applicant "cancels" at any time and where | the trip or tour departs with 100% capacity ("filled") applicant SHALL be entitled | | |
| | 2) Where applicant "cancels" ninety (90) days or mo | any costs incurred by CMSC because of the cancellation. The prior to departure, and where the trip or tour departs with less than 100% | | |
| | capacity ("Unfilled"), and where applicant provides | and secures an eligible individual who completes applicant's Trip or Tour | | |
| | Agreement ("Replacement"), then applicant SHAL | L be entitled to a full refund, less a \$25.00 service charge and any cost incurred | | |
| | by CMSC because of the cancellation and change | to departure, and where the trip or tour departs "unfilled", and where applicant | | |
| | has not provided and secured a "replacement", the | en applicant will FORFEIT INITIAL DEPOSIT (SEE TRIP), be charged a \$25.00 | | |
| | service | | | |
| | UNUSED AIRFARE, | NCURRED BY CMSC AS A RESULT OF THE "CANCELLATION" INCLUDING | | |
| | | when reservations are made, a passenger may cancel only by mail, sent to the | | |
| Please initial: | trip chairperson's address listed on trip. Applicant | shall be liable to CMSC for any monies expended or paid by CMSC over and | | |
| F | above payments made by applicant to CMSC. | MCC family mambar an arrank and a second and a second at the second at t | | |
| * | bership fee will be charged to a non member, fee will | CMSC family member or a member of a non-profit ski organization. A trip membe determined by CMSC. Any trip or tour and this Agreement are subject to | | |
| C | CAB rules and regulations. | | | |
| <u> </u> | G. TSA RULE: As of May 2009, it is mandated from TSA that we know your <u>COMPLETE LEGAL FIRST NAME, MIDDLE NA AND LAST NAME ALSO BIRTH DATE AND GENDER FOR TICKETING</u> . Not supplying the information can cause no airli | | | |
| | ticketing or cancellation from trip. | ER FOR TICKETING. Not supplying the information can cause no airline | | |
| H | H. Land only: If I choose to purchase my own air it will | be my responsibility to make sure my schedule gets me to the airport in time to | | |
| | travel with the group from the Airport to the Hotel. I also understand that when we leave the hotel to travel to the airport my flight | | | |
| | group). Please note that CMSC is not responsible if | me. (Schedule your fight so you either leave at the same time or after the | | |
| I | I. I know that if I miss one or more of my flights whi | le traveling with the group it will become my responsibility to find my | | |
| | own ground transportation from the airport to the | hotel. Any additional cost caused by this will be my responsibility. | | |
| J | J. It is my responsibility to have a valid passport. Yo clusion. | our passport must be valid for 6 months beyond the date of the trip's con- | | |
| | | | | |
| | Each person on the trip must sign this from | | | |
| | PLEASE SIGN AFTER READING AND AGREEING TO THE ABOVE TRIP AGREEMENT | | | |
| | | | | |
| Trip Part | icipant's Signature: | DATE: | | |
| | | | | |
| PLEASE PRINT NAME: | | | | |
| Second p | erson: | | | |
| Trip Parti | cipant's Signature: | DATE: | | |
| PLEASE PRINT NAME: | | | | |
| | | | | |



CMSC Breckenridge Trip 2024

Registration form for Breckenridge Sunday March 24 - Saturday, Mar 30, 2024

One registration form per person - ALL fields are required. Application must include a copy of your driver's license. Your payment should be "current" with the amount due on the date you sign up.

Write your name as appears on your driver's license - any deviation may result in your ticket having your name incorrect on you airline ticket.

| (Last) Name | Home Phone (|
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (First) Name | Cell Phone (|
| (Middle) Name; | Any Special Needs? |
| Street Address: | Check all those that apply; In addition to lodging check other items you want to purchase. |
| City: | Please check or circle the type of pass you want |
| State: Zip: | •4-day Epic Day Pass |
| e-mail: | 5-day Epic Day Pass (\$50 off lodging)Full Epic pass (\$50 off lodging) |
| Do you belong to a ski club? YES or No (circle one) | •Local Epic Pass (\$50 off lodging) |
| CMSC Club(s) Affiliation: | •I already have an Epic pass |
| | •Other |
| If not a member of a ski club please add \$25 for non-member fee or join a ski club in CMSC | Air I want air I don't need air |
| Roommate | Frequent flyer mile number – United Airlines |
| Emergency Contact (someone not on the trip) | # |
| Name: : | TSA or Global entry number (if you have a number |
| Phone: (| write it here: |
| Please return this form and payment, payable to CMSC & legible copies of your passport. TO: Curtis Bell, Trip Chair 105 N. Colonial Drive Cortland, OH 44410 curtiscmsc60@gmail.com cell (330) 240-8005 | If you sign up without a person to room with, we make every attempt to match you with someone of the same sex (in the order you sign up); however, if we are unable to get you another person, you will be asked to pay the single supplement price |