



ARE HEADING TO: **sugarloaf** January 10-15, 2021

*Trip includes:* Lodging, Group lessons, daily access to the Sugarloaf Sports & Fitness Center, Outdoor Center use with interchangeable resort ticket with multi day lift ticket purchase, group club function and more.

**5 NIGHTS LODGING *per unit:*** (divide by number of occupants per unit for per person cost)

<b>Condos:</b>	<b>Standard Units</b>	<b>Preferred Units</b>
Studio:	\$710	(2 choices) \$770 or \$830
1 BR:	\$830	\$925
2 BR:	\$1,110	\$1,140
3 BR:	\$1,355	\$1,635
<b>Hotel:</b> Queen Alcove	\$560	N/A
Single Queen Superior	\$605	N/A
DBL Queen Superior	\$665	N/A

**\$175.00 pp deposit due by 10/07/2020..... Add \$25 per person after 10/07/20**

**Lift tickets (*in addition to lodging*)..... Ikon Pass holders are all set!**

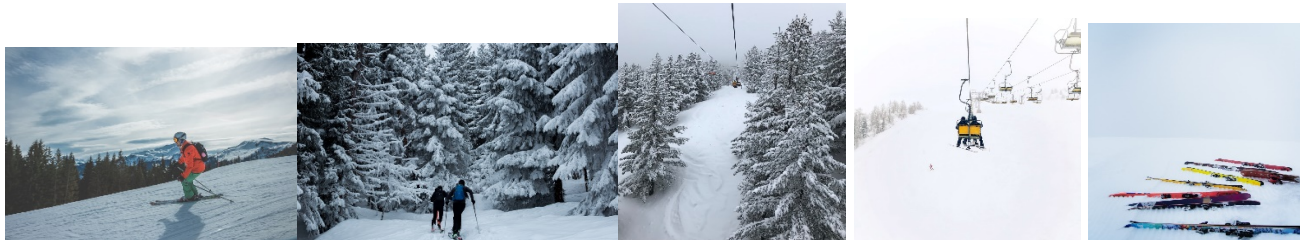
**3 Day Pass \$159      5 Day Pass \$239      Additional single day pass \$65**

**To sign up:**

1. 2020-21 membership dues must be paid. Not a member? Add \$30 for single membership or \$60 for family membership.
2. Complete the signup sheet and waiver forms and along with your deposit, turn in by **October 7, 2020** to avoid adding \$25 per person extra. Indicate type and size of the unit you would like. (standard or preferred condo or hotel ).
3. Final payment due **December 1, 2020**. *Cancellation fees may apply.*

For questions or additional information (trip insurance, Covid regulations, cancellations) **contact** trip leader:

Marie Carparelli  
 106 Hublard Drive, Vernon, CT 06066  
 Email: [mcarparelli@att.net](mailto:mcarparelli@att.net) Phone: (860) 649-5765



# Central CT Snow Snakes

## Trip Enrollment form for Sugarloaf (January 10 -15, 2021)

Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Number of people in your group \_\_\_\_\_ Type of unit requested. Please choose:

1. Studio: Standard or Preferred
2. Condo: Standard or Preferred      Size unit \_\_\_\_\_
3. Hotel: Queen Alcove \_\_\_\_\_ Single Queen Superior \_\_\_\_\_ DBL Queen Superior \_\_\_\_\_

LIFT pass: 3Day \_\_\_\_\_ 5Day \_\_\_\_\_ Extra single day \_\_\_\_\_ IKON PASS HOLDER \_\_\_\_\_

Initial Deposit: \_\_\_\_\_ date \_\_\_\_\_

Deposit \_\_\_\_\_ date \_\_\_\_\_

Final balance \_\_\_\_\_ date \_\_\_\_\_

**Waiver:** I release Central CT Snow Snakes, its Officers, its Board members and its members from any liability or personal injury, death or property damage for this trip. This release includes without limitations, all transportation, accommodations, events, activities and equipment that may be provided. Please feel free to make a copy for your records.

**Signatures required of all unit occupants listed above (you may sign and send waiver separately rather than collectively). If you need a roommate(s), please indicate that as well).**

\_\_\_\_\_  
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**Mail to:** Marie Carparelli 106 Hublard Drive, Vernon, CT 06066 (make check out to Central CT Snow Snakes)