



SUGARLOAF

January 9-14, 2022



Trip includes: Lodging, Group lessons, full access to the Outdoor Center (includes cross-country skiing, fat biking, snowshoeing and ice skating) and a welcome dinner.

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

Condos:	Standard Units	Preferred Units
Studio:	\$730	\$795
1 BR:	\$855	\$955
2 BR:	\$1,145	\$1,175
3 BR:	\$1,395	\$1,685
4 BR:	\$1,800	\$2,285
5 BR:	\$2,315	\$2,925
Hotel: Queen Alcove	\$640	N/A
Single Queen Superior	\$690	N/A
DBL Queen Superior	\$760	N/A

\$200.00 pp deposit due by 10/15/2021..... Add \$25 per person after 10/15/21

**Lift tickets (*in addition to lodging*) - Ikon Pass holders are all set!
\$48/day without Ikon Pass.**

To sign up:

- 2021-22 membership dues must be paid. Not a member? Add \$30 for single membership or \$60 for family membership.
- Complete the signup sheet and waiver forms and along with your deposit, turn in by **October 15, 2021** to avoid adding \$25 per person extra.
- Final payment due **December 1, 2021**. *Cancellation fees may apply.*

For questions or additional information, **contact** trip leader:

Skip Wallace

45 Boulder Road, Manchester, CT 06040

Email: skiboyz55@yahoo.com Phone/Text: (860) 324-2419



CENTRAL CT SNOW SNAKES

SUGARLOAF TRIP ENROLLMENT FORM (JANUARY 9-14, 2022)

Number of people in your group _____ Type of unit requested (please choose):

1. Studio: ___ Standard ___ Preferred
2. Condo: ___ Standard ___ Preferred # of Bedrooms: _____
3. Hotel: ___ Queen Alcove ___ Single Queen Superior ___ DBL Queen Superior

GROUP MEMBERS (Attach another enrollment form with additional names and waiver signatures if necessary):

Name:	Email:
Address:	Phone #:

Name:	Email:
Address:	Phone #:

Name:	Email:
Address:	Phone #:

Name:	Email:
Address:	Phone #:

LIFT TICKET (If applicable): # of Days: _____ X \$48 = _____

Total Deposit Amount Paid: _____ Date _____

Final Balance Amount Paid: _____ 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).

Mail to: Skip Wallace, 45 Boulder Road, Manchester, CT 06040 (make check out to Central CT Snow Snakes)