



SUGARLOAF



January 8-13, 2023

Trip includes: Lodging, welcome dinner, full access to outdoor center (including cross-country skiing, fat biking, snowshoeing, and ice skating), discounts on Perfect Turn clinics and on equipment rental.

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

	CONDOS	STANDARD UNITS	PREFERRED UNITS
Studio:		\$ 805	\$ 940
1 BR:		\$ 940	\$ 1055
2 BR:		\$ 1,275	\$ 1,310
3 BR:		\$ 1,640	\$ 2,085
4 BR:		\$ 2,025	\$ 2,535
5 BR:		\$ 2,595	\$ 3,235
Hotel: Queen Alcove		\$ 730	N/A
Single Queen Superior		\$ 785	N/A
DBL Queen Superior		\$ 860	N/A

\$200.00 pp deposit due by 10/15/2022..... Add \$25 per person after 10/15/22

**Lift tickets (in addition to lodging) : \$0 with Ikon Pass (just use pass)
\$50/day without Ikon Pass ... \$45/day junior without Ikon Pass**

To sign up:

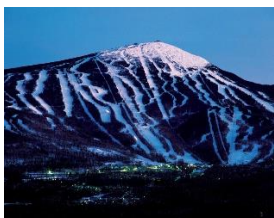
1. 2022-23 membership dues must be paid.
2. Complete the signup sheet and waiver forms and along with your deposit, turn in by **October 15, 2022** to avoid adding \$25 per person extra.
3. Final payment due **December 1, 2022**. *Cancellation fees may apply.*

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

Chris Warren

31 Canton Rd., West Simsbury, CT 06092

Email: funhog2021@icloud.com Phone/Text: (860) 559-8664



CENTRAL CT SNOW SNAKES

SUGARLOAF TRIP ENROLLMENT FORM (JANUARY 8-13, 2023)

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 adult : _____ X \$50 # of days junior : _____ X \$45

Lift ticket total amount due = \$ _____

----- Make check payable to : Central CT Snow Snakes -----

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).

