

GELANDESPRUNG SKI CLUB 2009/10 TRIP SCHEDULE

Marquette "Day Trip" Jan 2 (Sat)
\$60.00 Early Bird or \$70.00 Regular Price

Searchmont, Canada Jan. 8-10 (Fri-Sun)
\$270.00 Early Bird or \$300.00 Regular Price

Taos, New Mexico Jan 23-Jan 30 (Sat-Sat)
\$1,330 (See Newsletters for more information)

Boyne Highlands Feb 26-Feb 28 (Fri-Sun)
\$350.00 Early Bird or \$375.00 Regular Price

Marquette (Spring Carnival) March 19-21 (Fri-Sun)
\$225.00 Early Bird or \$250.00 Regular Price

Note: Early Bird sign-up is before 12/1/09

"Gelandesprung Ski Club & Sly Fox Ski Club Members have reciprocity on all trips"

SLY FOX SKI CLUB OF APPLETON 2009/10 TRIP SCHEDULE

Marquette, MI Feb 12-14 (Fri-Sun)

Winter Park, CO March 4-8 (Fri-Mon)

Telluride, CO March 27-April 3 (Sat-Sat)

GELANDESPRUNG SKI CLUB BOARD OF DIRECTORS

President
Carl Williquette 920/ 434-2407

Vice-President
Judy Van Caster 920/ 336-1238

Treasurer
Dwayne Whitfield 920/ 865-7936

Secretary
Rick Huston 920/ 494-1402

Past-President
Dick Wortiska 920/ 856-6223

GELANDESPRUNG SKI CLUB COMMITTEE MEMBERS

Membership
Mike Bast 920/ 722-2371

Newsletter Editor
Molly Steffens 262/ 995-8735

Advertising
Rick Huston 920/ 494-1402

Historian
Brian Fowle 920/ 217-8282

*Gelandesprung Ski Club is a Member of the:
"Chicago Metropolitan Ski Council"*



GELANDESPRUNG SKI CLUB

MEMBERSHIP FORM 2009/10



"40 YEARS ... AND STILL GOING DOWNHILL!"

P.O. Box 10422 Green Bay, WI 54307-0422

Gelandesprung@Hotmail.com
www.gelandesprung.org

Membership Period
12/1/2009 to 11/30/2010



**Gelandesprung
Ski Club
of Green Bay**
2009-10
Membership

RENEWAL NEW MEMBER

Single \$ 30.00, Married Couple \$ 50.00
(Couples please Sign Separate Forms)

Payment \$ _____ Check # _____

Please "DO NOT" publish the following in the Membership Roster:

Phone number
 Email address

Would you like to receive a link to the monthly newsletter via e-mail?

Please indicate if you're interested in becoming any or all of the following:

Trip Leader
 Committee Member
 Board Member

NEW MEMBERS: How did you hear about the club? Who referred you?

2009-10 Waiver

I certify that I am at least 21 years of age and do hereby accept the policies and practices of the Gelandesprung Ski Club. I understand that my participation in club-sponsored events carries a degree of risk of injury or death. I hereby unconditionally waive and release the Gelandesprung Ski Club, its officers, directors, agents and members from any and all liabilities arising from any injuries, property damage or loss I may suffer as a result of my actions. Further, I hereby grant full permission to any and all foregoing to use any photograph, videotape, motion pictures, recordings or other record of any ski club event for any legitimate purpose.

Any additional trip surcharges incurred by the Club will be passed along to those participating on the affected trip(s). Trips are based on double occupancy unless otherwise specified. Single occupancy requests require special arrangements at increased costs, and depend on availability. All monies paid for a trip cancelled by the Club will be refunded. Refunds for cancellation requests will be charged costs that the Club is unable to recover. Refund requests must be submitted in writing or emailing to the Gelandesprung Ski Club Board of Directors at address as listed to the right. Refund requests can be now be emailed to: gelandesprung@hotmail.com. Treasurer will issue a refund checks. Refunds will only be issued after all of the bills related to the trip have been paid. Trips utilizing airline transportation have additional separate written

cancellation policies specific to each trip. All decisions on refund amounts will be made by the Board of Directors and are final.
Membership Period
12/1/09 to 11/30/10

By submitting this form, I agree that I have read & accepted the trip policies as set forth by Gelandesprung Ski Club. All club policies are posted on the website at www.gelandesprung.org or by contacting us by mail at the address below.

Print Name: _____
(Full Proper Name as required for Flights & International Travel)

Birth Date: _____
(Year of birth is required / Club use only & will not be published)

all information the same as last year

Address: _____

Phone: _____

Email: _____

Signature: _____

Signature Date: _____

Emergency Contact Information

Name: _____

Phone # _____

Please mail the completed form & dues to:

Gelandesprung Ski Club

P.O. Box 10422

Green Bay, WI 54307-0422

*This form can be used as a "Waiver Only"
Just fill in the "Right" column*