

SKI SNOWMASS – 2012

Presented by Sitzmark Ski Club

Jan. 28 to Feb. 4, 2012



The skiing and accommodations are among the finest Colorado has to offer. Aspen, Colorado has four great mountains to choose from...Aspen Mountain, Aspen Highlands, Butter Milk and Snowmass. Our condos are ski in / ski out, and the Stonebridge Inn is a short walk to the lifts.

Package Includes:

- Round trip air non-stop from Newark to Eagle-Vail on Continental Airlines.
- Round trip transfers between lodging and Eagle-Vail airport, via private motor coach.
- 7 nights lodging in Snowmass Village.
- Five-day adult interchangeable lift ticket at any of the four mountains.
- Wine and cheese welcome party.

\$1,690 per person double occupancy (condo accommodations)*

\$1,770 per person double occupancy (hotel accommodations)*

Payment Schedule: Make checks payable to “Sitzmark Ski Club”

Initial deposit due:	At sign up.....	\$350
2 nd Payment due:	September 1, 2011	\$450
3 rd Payment due:	October 1, 2011	\$450
Final Payment due:	December 1, 2011	\$Balance (TBD*)

Note: Club membership is required and entitles a family or individual to NJSC benefits. Membership form is available at www.sitzmark-ski-club.org

***Additional taxes or fuel surcharges imposed by other parties may apply.**

Cancellation Policy: Written cancellation is required.

If cancelled by Oct 22, 2011 - \$50 penalty

If cancelled between Oct. 23, 2011 and Dec 14, 2011 - \$400 penalty

If cancelled after Dec. 14, 2011 No refund

Once air is ticketed, name change will incur a \$150 change fee

Trip Insurance: Travel insurance to cover non-refundable costs is available through NJSC web site www.newjerseyskicouncil.org and is strongly recommended.

For information contact Frank D’Alio at (908) 782-8951 or email: frank.dalio@gmail.com

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Reservation Form

(To be completed by EACH participant)

Trip presented by **Sitzmark Ski Club** and operated by **Sportours**

By signing below, I enroll in the trip defined on the flyer. I understand and am aware that skiing is a HAZARDOUS activity. I understand that the sport of skiing, travel to and from the ski area and other activities with the Sitzmark Ski Club involve a risk of injury to all parts of my body. I agree to comply with the rules and regulations of the Sitzmark Ski Club. Sitzmark provides travel and services solely as a convenience to its members and guests. All liability for nonperformance or negligent performance is that of the airline, bus operator, lodging operator, ski operator or other service providers. Participant agrees to indemnify and hold harmless Sitzmark Ski Club and its officers, directors and trip leaders for all costs, including attorney's fees, arising of any claim brought by participant.

Trip cancellation, interruption and medical coverage insurance are available through Travel Guard and are recommended. If interested request an application when submitting your reservation form or visit the NJSC web site at www.newjerseyskicouncil.org and click on the Travel Guard link.

Name: _____ (Enter name as shown on photo ID or passport)

Address: _____

Telephone: Days _____ Evening _____ Cell _____

E-Mail ID: _____ **Rooming with:** _____

Emergency Contact _____ **Relationship** _____ **Phone** _____

If you do not have a roommate and want one, I will attempt to find one for you. If that is not possible, you will be advised and charged the amount for a single occupancy. Please assign a roommate for me if possible: _____ Smoker? _____ All rooms are non-smoking rooms.

Lodging Accommodations	Per Person	Single Suppl. additional	Enter Amount Here
Top of the Village	\$1690 (1)	\$749	
Stonebridge Inn	\$1770 (1)	\$829	
Daily breakfast at Stonebridge (tax plus gratuity included) (add)	+ \$84		
No lift tickets (deduct)	- \$252		
6 th day lift ticket (add)	+ \$51		
No Air (after 25 sign ups) (deduct)	- \$365		
TOTAL:			\$

Note: (1) The Tour Operator reserves the right to adjust final prices due to changes in taxes and airline fuel costs. Send initial deposit check of \$350 payable to Sitzmark Ski Club and completed reservation form to Frank D'Alio, 24 Hardscrabble Hill Rd., Flemington, NJ 08822 If you have any questions call 908 782 8951 or email me at frank.dalio@gmail.com

Signature _____ **Date** _____ **Witnessed By** _____