

# Sugar Mountain, Banner Elk NC

**\$80 per person**

Includes: transportation, lift ticket, rental, boarding,  
and some meals

## Youth and Young Adult 2012 SKI TRIP



**DATES :**

**SATURDAY FEBRUARY 18, 8:30am –SUNDAY 19, 1:00pm**

**RESERVE YOUR SPOT!!**

**There are a limited amount of seats so please make sure to fill out  
the registration form and pay your \$40 deposit no later than**

**SUNDAY FEBRUARY 5**

**(the rest of the money will be taken day of trip and should be cash)**

If you have Questions, Comments or Concerns  
please don't hesitate to let Jennifer know. You  
can contact here at 879.4385/336.906.6779  
OR email me at [YorkJC1983@hotmail.com](mailto:YorkJC1983@hotmail.com)



Holly Spring Friends Youth/Young Adult Ski Trip 2012

Please have this form, as well as your deposit turned in No Later than Sunday February 5. If you are paying by check, please make it payable to Holly Spring Youth, and include your child's name in the memo section.

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_ to participate in Holly Spring Friends Youth and Young Adult Ski Trip February 18-19, 2012. I also give permission for Jennifer York, Youth Director of Holly Spring Friends Meeting and other chaperones participating in this event to seek medical attention for \_\_\_\_\_ in the event it becomes necessary, during the period he/she is participating in this trip.

**By signing this, I hereby authorize the leader(s) to execute the proper treatment for the above participant.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**Medical Information**

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Policyholder's name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Participants Date of Birth \_\_\_\_\_

Medications Participant is using under doctor's orders \_\_\_\_\_

Allergies or other health problems \_\_\_\_\_

Emergency Contact's Names & Phone Numbers - (Please List at least 2)

\_\_\_\_\_  
\_\_\_\_\_