

Lisbon Recreation Committee
Ski and Snowboard Club 2020

Mount Snow

One Cool Mountain

One Hot Deal!

Two Sunday Trips:

January 26, 2020

February 23, 2020



***Transportation by Deluxe Motor-coach**

Lisbon residents, act quickly to reserve a seat on the bus!

NO REFUNDS IF YOU CANCEL WITHIN TWO WEEKS OF THE TRIP

Participants are also welcome to drive themselves

*Sponsored by the Lisbon Recreation Committee

Cost for two trips:

	Full Mountain Lift Ticket 2 days	Rental (Ski or SB) 2 days	Group Lessons 2 days
Adult (19 +)	\$100	\$76	\$85
Age 18 and under and Seniors	\$85	\$56	\$85
Helmet Rental (2 days)		\$20	

Or

Beginners package – ages **13 - adult**	LOWER MOUNTAIN LIFT TICKET	RENTALS INCLUDED	GROUP LESSONS INCLUDED	\$105 2 days
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Payment due by Friday, December 20, 2019

Bus Departs: 6:00 AM from Lisbon Central School

Bus Returns: 8:30 PM to Lisbon Central School

Call Steve Brown at 860-917-0781 for details or

email at sbrownshu@gmail.com

See next page for more details

All payments must be finalized and form (below) turned into the Lisbon Town Hall Recreation Department mailbox or given directly to Steve Brown!

	Lift Ticket Full Mountain 2 days		Rental (Ski or SB) 2 days		Group Lessons (Ages 12+)		Beginners Pkg 2 days	
Age	Price	Qty	Price	Qty	Price	Qty	Price	Qty
Adult (19 +)	\$100		\$76		\$85		\$105	
Under 18 and seniors	\$85		\$56		\$85		\$105	
Helmet rental			\$20					
	Sub Total		Sub Total		Sub Total		Sub Total	
								Grand Total

We will be riding on the bus. # riding _____

We will not be riding on the bus, but will drive ourselves

Make checks payable to Lisbon Recreation Committee

Payment due by Friday, December 20, 2019

NO REFUNDS IF YOU CANCEL WITHIN TWO WEEKS OF THE TRIP

Names of people attending ski trips:

1. _____ age _____ 2. _____ age _____
3. _____ age _____ 4. _____ age _____
5. _____ age _____ 6. _____ age _____

Contact phone number(s): _____

Parent Authorization – Medical Release Form for under 18 AND without parent

In case of emergency, if family physician can not be reached, I hereby authorize _____ to be treated by another physician who is available.

Date _____ Signed _____

Emergency phone number _____

Name of Family Physician _____

Phone Number _____

****All students not accompanied by an adult must have the following medical release form filled out and returned to Mr. Brown.**

If possible, please send copy of insurance card

Your payment reserves your seat on the bus, which is limited to 55 seats (first come first serve)

- 5th grade and under must be accompanied by an adult
 - Food is available at the lodge but you are welcome to bring your own
- *****

Call Steve Brown at 860-917-0781/ sbrownshu@gmail.com for details

Act Quickly!!! Space on the Bus is Limited!!!

Or feel free to drive yourself and still get a great deal!