



SUGARLOAF

January 7-12, 2024



Trip includes: Lodging; group welcome dinner Tuesday night; access to outdoor center; spa for hotel guests; and discounts on dining cards, equipment rental, and lift tickets.

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

CONDOS	STANDARD UNITS	PREFERRED UNITS	SLEEPS
Studio:	N/A	\$ 1,255	2
1 BR:	\$ 1,065	N/A	3
2 BR:	\$ 1,580	\$ 1,680	4-6
3 BR:	\$ 1,965	\$ 2,085	6-8
Hotel: Queen Alcove	\$ 865	N/A	2-3
Single Queen Superior	\$ 925	N/A	2-3
DBL Queen Superior	\$ 1,025	N/A	2-4

\$250.00 pp deposit due by 10/15/2023..... Add \$25 per person after 10/15/23

IKON pass accepted at Sugarloaf OR

Lift tickets : Adult \$49 / day; Junior \$39 / day

* Equipment rental group pricing available when booking online 48 hours in advance. Ask Chris about online discount code.

* \$100 dining card available for \$80 (ask Chris for details).

To sign up:

1. 2023-24 membership dues must be paid.
2. Complete the signup sheet and waiver forms and along with your deposit, turn in by **October 15, 2023** to avoid adding \$25 per person extra.
3. Final payment due **December 1, 2023**. *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 7-12, 2024)

Your Name : _____ # of people in your group _____

1. Studio: ___ Preferred
2. Condo: ___ Standard (1 Bedroom)
3. Condo : ___ Standard ___ Preferred ___ # of bedrooms (2 or 3)
4. 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 #:

LIFT TICKET (If applicable): # of days adult : _____ X \$49 # of days junior : _____ X \$39

Lift ticket total amount due = \$ _____

\$100 Sugarloaf dining card : _____ # of cards @ \$80 total due for dining cards : _____

----- **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).

_____	_____
date	date
_____	_____
date	date

Mail to : Chris Warren, 31 Canton Rd., West Simsbury, CT 06092