Cape Cod Ski Club Overnight U-Drive Trip Proposal (fillable PDF form)

1)	Destination:				Proposed by:			
2)	Dates:							
3)	Type o	Type of trip: (i.e., 3-days, 2-nights)						
4)	Resort	Pass:	Epic	Ikon	Other:			
5)	Accommodations							
	a.	a. Name of hotel/condo:						
	b.	b. Contact person name / phone #:						
	c.	Cost: \$						
	d.	Single supplement cost:						
	e.	Meals i	included:	Noc	Yes List:			
	f.	Non-sk	ier credit a	imount:		\$		
6)	Mount	tain(s) skied (list):						
7)	Group	p Activities (list):						
8)	Fixed Costs (shared by group)							
	a.	Trip lea	ader's expe	ense:		\$		
	b.	Other (\$	Lift + \$	Meal/s):	\$		
	c.	Total fi	ixed cost: S	\$	per person [divide by 40] =	\$		
9)	Variable costs (per person)							
	a.	Accom	modations	:		\$		
	b.	Skiing	- Adult:			\$	per day	
	c.	Skiing -	– Senior:			\$	per day	
	d.	Meals /	Food:			\$		
	e.	Total v	ariable cos	st:	(9a + 9b + 9c + 9d)	\$		
10)) Calcul	ate total	cost of trij	p per pers	on by adding total per person fixed and	l variabl	e costs	
	a.	. Add per person fixed and variable costs:				\$		
	b.	Add 3%	⁄₀ margin:		(10a X .03)	\$		
	c.	Add 2.5	5% credit o	card fee:	(10a X .025)	\$		
	d.	d. Add \$5.00 miscellaneous trip fee:				\$		
	e.	TOTAI	L COST:		(10a + 10b + 10c + 10d)	\$		
11) Single Supplement available? If yes, added cost:						\$		
12) Non-skier credit available? If ves amount:						\$		