



# TRIP APPLICATION

## CMSC Spring Fling - Mt. Bachelor, Oregon

April 8-13, 2026      \$1492 PER PERSON

*One application per person. All fields are required. Your information  
MUST match identification to be used at airport security.*

Surname (Last): \_\_\_\_\_

☐ I plan to use my IKON Pass as my lift ticket

Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

IKON Number \_\_\_\_\_  
(\$288 off trip price)

Nick Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      ☐ Male      ☐ Female

### Desired Roommate(s)

Street: \_\_\_\_\_

If you sign up without a person to room with, we will make every effort to match you with someone of the same sex (in the order you signed up.) However, if we are unable to get you another person, you will be asked to pay the single supplement price.

City/St/Zip: \_\_\_\_\_

### LODGING CHOICE:

eMail: \_\_\_\_\_

☐ Riverhouse (Dbl Occ, QQ, \$1492)

Cell Phone:            (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

☐ Riverhouse (Dbl Occ, K, \$1492)

Secondary Phone:    (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

☐ Single Supplement (K or QQ) additional \$391

Club Affiliation: \_\_\_\_\_

### ANY SPECIAL NEEDS? (Diet, medical, etc.?)

### EMERGENCY CONTACT:

Name: \_\_\_\_\_

### PAYMENT SCHEDULE

Phone:                    (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Initial Deposit	\$400
10/14/25	\$400 (total paid \$800)
12/09/25	\$400 (total paid \$1200)
01/27/26	Package balance due

**Please return this form and payment  
(Payable to CMSC) to:**

Kevin Conlon, Trip leader  
11S480 Oakwood Ave.  
Lemont, IL 60439  
  
708-906-9517  
kconz1@aol.com

### CANCELLATION POLICY

Prior to 11/06/25	\$30
11/07/25-01/06/26	\$75
01/07/26-02/06/26	\$100 plus unrecoverable costs
After 02/06/26	\$150 plus unrecoverable costs (possible total forfeit)

Name (print): \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_