

TAMPA BAY SKI CLUB

TRIP LEADER, TRIP ASSISTANT APPLICATION

NAME: _____

ADDRESS: _____

DAY PHONE: _____ CELL: _____

EMAIL: _____

DESIRED DESTINATIONS: _____

DESIRED DATES: _____

NO CAN DO DATES: _____

I CAN DO MULTIPLE TRIPS: _____

I WILL PARTNER ON A TRIP WITH: _____

PLEASE NOTE YOUR EXPERIENCE WITH YOUR DESIRED RESORTS AND PROVIDE
ADDITIONAL INFORMATION ON PAGE TWO OF THIS FORM.

FITZ RAWLS,
BOWEN TRAVEL

