

Central Connecticut Snow Snakes Membership Form and Family Waiver

Please fill in neatly & make any changes that are needed. Thank you!

First Name _____ Last Name _____

Spouse's Name _____ Last Name (if different) _____

Children:	First Name	Last Name	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Service Performed last year or will perform this year for prize: _____

Mailing Address _____

Town _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____

E-mail Address: _____
(this is not shared with anyone, please specify 1 per family for e-mail newsletter) please email Lgrodofsky@springfieldlibrary.org to ensure online notification

Type of Membership (check one): _____ **Family (\$40.00)** _____ **Single (\$20.00)**

Please Note - Family membership is limited to spouse/partner and children age 21 and under.
Children 22 and older must pay for a separate, single membership.

I (and my family) understand that bulk tickets purchased through the Central Connecticut Snow Snakes Ski Club from the Connecticut Ski Council are only to be used by members of this ski club or other Connecticut Ski Council member ski clubs. Therefore I/we agree not to sell or allow any non-member to use the tickets that I/we have purchased. Further, when using our membership card on Connecticut Ski Council Days at ski slopes, we understand the card is only for our own use and each member must present his/her own card for verification.

I/we understand that if tickets whose numbers are assigned to me/us are found to be used by any non-member, or if our membership card is misused in any way, all remaining tickets will be voided along with my present club membership and any future membership in any Connecticut Ski Council Club.

Signature _____ Date _____

<u>Make check payable to: Central CT Snow Snakes</u>
--

Mail to: Sam Rubin
233 Griswold Drive
W. Hartford, CT 06119

Questions? Email: srubin50@comcast.net or call 860-523-1171