

Potluck Supper and General Meeting

SATURDAY, NOVEMBER 21, 2009

Please reserve _____ ticket(s) for:

*** I will bring a food dish***

Name(s): _____ Phone # _____

I have enclosed \$_____ for _____ people

Return completed form to: CSC Registrar, c/o 151 Lindenwood Dr. W., Winnipeg, MB R3P 1J8

\$15 per person

Wine & Cheese



SATURDAY, DECEMBER 5, 2009

Please add the following name(s) to the limited list of members attending.
I am aware that participants are to bring their own beverages and wine glasses.

Name(s): _____ Phone # _____

I have enclosed \$_____ for _____ people

Return completed form to: CSC Registrar, c/o 151 Lindenwood Dr. W., Winnipeg, MB R3P 1J8

\$8 per person

TRIP RATING GUIDELINES

Please use this scale to rate your skiing level on the membership application and on the trip registration forms.

- Rate 1** A beginner skier who is able to ski up to 5 km over relatively flat terrain with a light pack.
- Rate 2** A beginner skier who is able to ski 5-10 km over relatively flat terrain with a light pack.
- Rate 3** An intermediate skier who is able to ski 10-15 km in a combination of flat and hilly terrain with a light to medium pack.
- Rate 4** An experienced skier who is capable of skiing 15+ km in a combination of flat and hilly terrain with a medium pack
- Rate 5** A skilled and experienced skier who can ski 15+ km in difficult and/or off-trail terrain with a heavy pack.

Bemidji, MN, New Year's

DECEMBER 31, 2009 – JANUARY 3, 2010 (3 nights)

Name(s): _____

Address: _____ Postal Code _____

Phone # _____

- I do not wish to share a room
- I wish to share a room. Roommate(s) name(s) _____
- Please match me up with a roommate: Male Female
- I need a 3-day cross country ski pass
- I need a downhill lift ticket for _____ days
- I need a cross-country ski pass for _____ days (if less than 3)
- I have enclosed a deposit of \$_____ for _____ people
- I rate my skiing level at Rate _____ trails (refer to the enclosed Trip Rating Guidelines).

**Deposit
\$30 per person
non-refundable**

I have read the terms and conditions and as a member in good standing, agree to abide by them in participating in the event.

Registration and full payment deadline: **November 27, 2009**

Return completed form to: CSC Registrar, c/o 151 Lindenwood Dr. W., Winnipeg, MB R3P 1J8

Pinawa Weekend

JANUARY 29 – 31, 2010 (2 nights)

Please register name(s): _____

Address: _____ Postal Code _____

Phone # _____

- I rate my skiing level at Rate _____ trails (refer to the enclosed Trip Rating Guidelines).
- I do not wish to share a room
- I wish to share a room. Roommate(s) Name: _____
- Please match me up with a roommate: Male Female
- I have enclosed a deposit of \$_____ for _____ people

**Deposit
\$30 per person
non-refundable**

I have read the terms and conditions and as a member in good standing, agree to abide by them in participating in this event.

Registration and full payment deadline: **December 30, 2009**

Return completed form to: CSC Registrar, c/o 151 Lindenwood Dr. W., Winnipeg, MB R3P 1J8

Duck Mountain Long Weekend

FEBRUARY 12 – 15, 2010 (3 nights)

Please register name(s): _____

Address: _____ Postal Code _____

Phone # _____

I rate my skiing level at Rate _____ trails (refer to the enclosed Trip Rating Guidelines).

I do not wish to share a room

I wish to share a room. Roommate(s) Name: _____

I prefer a condo _____, cabin _____, or hotel room _____

Please match me up with a roommate: Male Female

I have enclosed a deposit of \$ _____ for _____ people

**Deposit
\$40 per person
non-refundable**

I have read the terms and conditions and as a member in good standing, agree to abide by them in participating in this event.

Registration and full payment deadline: **January 9, 2010**

Return completed form to: CSC Registrar, c/o 151 Lindenwood Dr. W., Winnipeg, MB R3P 1J8

Canmore

MARCH 6 – 13, 2010 (7 nights)

Please register name(s): _____

Address: _____ Postal Code _____

Phone # _____

I rate my skiing level at Rate _____ trails (refer to the enclosed Trip Rating Guidelines).

I do not wish to share a room

I wish to share a room. Roommate(s) Name: _____

Please match me up with a roommate: Male Female

Room Preference: 1 King Bed (limited #) 2 Queen beds

I (We) would like a room close to _____

I have enclosed a deposit of \$ _____ for _____ people

**Deposit
\$60 per person
non-refundable**

Or I have enclosed full payment of \$ _____

I have read the terms and conditions and as a member in good standing, agree to abide by them in participating in this event.

Registration and full payment deadline: **January 22, 2010 (includes Pizza Night)**

Return completed form to: CSC Registrar, c/o 151 Lindenwood Dr. W., Winnipeg, MB R3P 1J8

Kenora Bus Trip



SATURDAY, JANUARY 16, 2010

Please register Name(s): _____

Address _____ Postal Code _____ Phone # _____

I rate my skiing level at Rate _____ trails (refer to the enclosed Trip Rating Guidelines).

Enclosed is my non-refundable payment of \$ _____ Registration Deadline: **December 20, 2009**

\$28 per person

Return completed form to: CSC Registrar, c/o 151 Lindenwood Dr. W., Winnipeg, MB R3P 1J8

I have read the terms and conditions and as a member in good standing, agree to abide by them when participating in this event.

Pumpkin Creek Bus Trip



SATURDAY, JANUARY 23, 2010

Please register Name(s): _____

Address _____ Postal Code _____ Phone # _____

I rate my skiing level at Rate _____ trails (refer to the enclosed Trip Rating Guidelines).

Enclosed is my non-refundable payment of \$ _____ Registration Deadline: **January 1, 2010**

\$24 per person

Return completed form to: CSC Registrar, c/o 151 Lindenwood Dr. W., Winnipeg, MB R3P 1J8

I have read the terms and conditions and as a member in good standing, agree to abide by them when participating in this event.

Spruce Woods Bus Trip



SATURDAY, FEBRUARY 6, 2010

Please register Name(s): _____

Address _____ Postal Code _____ Phone # _____

I rate my skiing level at Rate _____ trails (refer to the enclosed Trip Rating Guidelines).

Enclosed is my non-refundable payment of \$ _____ Registration Deadline: **January 15, 2010**

\$23 per person

Return completed form to: CSC Registrar, c/o 151 Lindenwood Dr. W., Winnipeg, MB R3P 1J8

I have read the terms and conditions and as a member in good standing, agree to abide by them when participating in this event.

Falcon Lake Bus Trip



SUNDAY, FEBRUARY 21, 2010

Please register Name(s): _____

Address _____ Postal Code _____ Phone # _____

I rate my skiing level at Rate _____ trails (refer to the enclosed Trip Rating Guidelines).

Enclosed is my non-refundable payment of \$ _____ Registration Deadline: **February 1, 2010**

\$22 per person

Return completed form to: CSC Registrar, c/o 151 Lindenwood Dr. W., Winnipeg, MB R3P 1J8

I have read the terms and conditions and as a member in good standing, agree to abide by them when participating in this event.