

Okanagan Section Winter Camp – February 27 to March 6, 2010

Welcome:

You have accessed the ACC Okanagan Section 2010 Winter Camp Application Form.

You **MUST** complete the application form and submit along with your **deposit of \$100.00** (cheque payable to ACC Okanagan Section) to:

Box 3246 Revelstoke BC, V0E 2S0

Receipt of the electronic copy will result in initial registration only.

To **GUARANTEE** your place you must submit **FULL payment by Nov 21/09**.

You will be required to sign the ACC Release of Liability Waiver.
and the Golden Alpine Holidays Release of Liability Waiver before you may participate in the trip.

If you have any questions contact:

Cat Mather at : picogato@telus.net

or

Brad Schmucker at: bradschmucker@shaw.ca

Thank you. We look forward to seeing you at Camp!

Okanagan Section Winter Camp, Feb 26-Mar 6 2010 Applicant Information Form

Please complete this Applicant information form, print, and include with payment

The purpose of this application is to give you (and us) the assurance that your recent experience, physical fitness and expectations are suitable for the trip. If you cannot answer all the questions in the application, please do not think that you don't qualify or will not have a good experience. Just provide as much information as you can.

Please use **blue text** when entering your details.

1. Personal Details

Name:

ACC membership #: _____ Member of Okanagan Section Yes _____ No _____

Email:

Address:

Contact numbers: (h) _____ (w) _____ (f) _____

2. Emergency Contact Information:

Please note that we will also contact this person for confirmation of details if we are unable to contact you during our planning or with last minute information.

Contact name:

Relationship:

Email:

Contact numbers: (h) _____ (w) _____

3. Previous Experience:

Please provide information about your most recent back country skiing trips (include areas visited, previous ACC camps, glacier travel, traverses, etc.).

Please provide brief details of any other experience relevant to your participation on the intended ACC activity

Please list any previous ACC adventures that you have attended.

Do you have any skills or training which would benefit our trip? (medical, technical, first aid, avalanche)

4. References:

Please include the name, relationship and contact information of two individuals with whom you have skied, hiked, or climbed. If you have previously spent time in the mountains with ACMG guides, please be sure to include contact information for these individuals.

A

B

5. Health

- A. Are you allergic to any foods (please specify in detail)?
- B. Are you allergic to any medications (if yes, please specify in detail)?
- C. Do you have any other allergy or medical conditions that we should know about?
- D. Do you have any food sensitivities or preferences (i.e. vegetarian)?

If you answered yes to any of the above, please highlight this information so that we will ensure it is passed along to the group for meal planning.

6. Winter Camps / Additional Information Required

How would you rate your skiing ability at a downhill ski area? (novice, intermediate, advanced, expert)

How would you rate your skiing ability in variable backcountry snow conditions? (novice, intermediate, advanced, expert)

What type of ski equipment will you be using on this trip (telemark, alpine touring, split snowboard)?
What is the make, model and age of your skis/ board, boots, and bindings?

What is the make and model of your avalanche transceiver?

EACH PARTICIPANT MUST HAVE a 457kHz FREQUENCY AVALANCHE TRANSCIEVER and be familiar with its use.

7. Payment

Cost of the trip is \$933 for section members, \$958 for non-section members, payable by Nov 21, 2009. Cost after this date is \$1000. Cancellation insurance is your own responsibility.

Please indicate whether you intend to purchase cancellation insurance Yes _____ No _____