



**High Life Ski Club Ski Trip Application: Aspen/Snowmass, Colorado**  
**Saturday, January 4, 2025-Saturday, January 11, 2025 SKI-IN/OUT**  
**IKON Pass or Base Plus Pass Holders - Total = \$2350.00 BASE PRICE**  
**With 5 Day Lift Ticket Total = \$2938.00**  
**Seniors 65+ for 5 Day Lift Ticket Total = \$2845.00**

NAME: (exactly as it appears on your Passport or government issued ID)

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ROOMMATE: \_\_\_\_\_

AIRLINE NAME AND FREQUENT FLIER  
 NUMBER: \_\_\_\_\_

GLOBAL ENTRY NO.(Known Traveler No.) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IKON PASS NUMBER: \_\_\_\_\_

2 bedroom units - Q, 2 double

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Payment Schedule:**

**1. May 1, 2024: 1st payment \$200.00 pp to secure your spot (non-members add \$175.00)**

**2. August 1, 2024 payment:**

**Ikon Passholders: \$1,000.00                      Seniors including lift ticket: \$1300.00**

**With Lift Ticket:     \$1,300.00**

**3. September 15, 2024 Final payment**

**IKON holders = \$1150.00.                      Seniors including lift ticket = \$1345.00**

**With Lift Ticket = \$1438.00**



**Checks payable to (High Life Ski Club), mailed with application and payments to:**

Cliff Gawel

6108 Brookhaven Court

Riverdale, New Jersey 07457

For further information contact: [cliffgawel@gmail.com](mailto:cliffgawel@gmail.com) Cell: 201.394.0623 or

[tudorowskynina@gmail.com](mailto:tudorowskynina@gmail.com) Cell: 973.900.4412

AIG Trip Insurance for the HLSC Ski Club

HIGH LIFE SKI CLUB    Jan 4-11    2025    14897    600015574    Snowmass

We encourage this purchase of Travel Insurance Coverage when you sign up for the trip.

It can be purchased up until the time the traveler makes final payment. After final payment is made, we can no longer offer this coverage.

To purchase trip insurance, you will need to verify **the cost you are paying for your trip per person.**

**Coverage cost is 7.25% of that amount.**

You will need the follow information to process:

**Names as it appears on your ID:**

**Physical Address: (Street, City, State, ZIP) :**

**Contact Phone # :**

**Email Address:**

**Date of Birth:**

**Should you have a specific coverage question, please contact CSA directly at 866-999-4018.**

**CSA will answer questions about coverage but the policy has to purchase from [SKI.COM](http://SKI.COM)**

**If you will EMAIL me this information at [grouphelp@ski.com](mailto:grouphelp@ski.com)**

**I can process and send a secure link that you can process payment by credit card.**

Travel insurance, once purchased is NON REFUNDABLE/ NON TRANSFERABLE

Dianna Kaufman  
Group Coordinator  
1512 Grand Ave Ste 212, Glenwood Springs, CO 81601  
e: [dkaufman@ski.com](mailto:dkaufman@ski.com)

## Ski Trip Includes:

**AIR: United Airlines from Newark, Denver, Aspen.**

Sat 04JAN25 UA 480 TNEWARK/NY LIBERTY, NEW JERSEY 24 **6:05AM**DENVER, COLORADO **8:20AM** 757-200

Sat 04JAN25 UA 5626 TDENVER, COLORADO 24 **10:00AM**ASPEN, COLORADO **10:56AM** CR7

Sat 11JAN25 UA 5770 HASPEN, COLORADO 24 **9:00AM**DENVER, COLORADO **10:08AM** CR7

Sat 11JAN25 UA 1233 HDENVER, COLORADO 24 **11:15AM**NEWARK/NY LIBERTY, NEW JERSEY **5:01PM** 757-200



**LODGING:** Top of the Village <https://www.topofthevillageco.com/> 2 BEDROOM- (Q AND 2 DOUBLE, 2 BATH) INCLUDES ROUNDTRIP BAGGAGE HANDLING, ALL GROUND TRANSFERS AND 1 HOUR WELCOME WINE AND CHEESE RECEPTION.

### **IKON PASS**

All High Life ski club members who purchase an Ikon Pass through a dedicated link. Will be given a \$30 (Base) or \$50 (full ikon) land package discount.

<https://www.ski.com/season-passes?ls=11934>

4 MOUNTAINS TO SKI: ASPEN MOUNTAIN, ASPEN HIGHLANDS, BUTTERMILK, SNOWMASS

#### **High Life Ski Club Guidelines**

**Trip Payments:** All participants must have their checks deposited and cleared before the trip commences. Final payments shall be due three months prior to the trip date. An exception can be made in case of unforeseen emergencies.

**Last minute participants:** Last minute replacement participants shall pay the total late fees as stated on trip contracts or airline regulations (airline name changes, late penalties or other etc...) Checks shall be delivered by mail promptly or hand delivered to the trip leader as time permits.

**Participant Requests:** (Rooming partners, meals or other) Will be honored as best as possible. All changes will be final and made by the trip leader.

**Trip Insurance:** If a person has trip insurance or does not, and is canceling the trip, then they will and/or their replacement will make contact for the new replacement cost of the trip, as per trip leader. The person replacing the original person, will pay the price that is negotiated with the person holding the trip insurance. The new check must be cleared with the bank for the replacement person to go on the HLSC trip without exception.