



## Crabtowne Skiers, Inc. Trip / Activity Proposal

<b>Title:</b>		
Date(s):	Location:	
Time/departure:	Member cost:	Non-member cost: (add 10%):
Cost after date:	Cost at door:	Drop dead date:
Minimum # of participants:	Expandable? Y / N	Maximum # of participants:
Leader:	phone:	email:
Assistant:	phone:	email:
Alternate assistant:	phone:	email:

<b>Cost Breakdown of Expenses</b> (per person, using minimum # of participants minus leader and assistant)		
A. Vendor Total:	E. Food/Beverages:	I. Stamps/Delivery:
B. Air Transport:	F. Gratuity/Tips:	J. Promo materials
C. Ground Transport:	G. Tickets:	K. 5% Admin. fee:
D. Lodging:	H. Phone/FAX:	L. Other (explain below)
M. Total (A through L):	N. Leader Comp:	O. Assistant Comp:
Cost Does Not Include:		
Comments/Remarks:		

<b>Participant Payment Schedule</b>				
Deposit:	Payment 2:	Payment 3:	Payment 4:	Total:
Date Due:	Date Due:	Date Due:	Date Due:	Date Due:
Cancellation (Standard Club Policy Applies):				

<b>Vendor Payment Schedule for total trip</b>				
Deposit:	Payment 2:	Payment 3:	Payment 4:	Total:
Date due:	Date due:	Date due:	Date due:	Date due:
Approval:	Minimum Club Loss:		Maximum Club Loss:	



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Committee Chair Signature:	
Title:	Date(s):
Leader:	Assistant:

<b>Vendor No. 1 Information:</b>			
Vendor:	Contact:	Contract #:	
Address:	City:	State	Zip:
Last Date Full Refund:	Phone:	FAX:	
SSN / Fed. Tax ID No: _____ Individ.: __ Corp.: __ Partner.: __ Other: __ Exempt: __			
Name / Address for Mailing Federal 1099:			
Special Contractual Agreements:			
Cost Does Not Include:			

<b>Vendor No. 1 Payment Schedule</b>				
Deposit:	Payment 2:	Payment 3:	Payment 4:	Total:
Date due:	Date due:	Date due:	Date due:	Date due:
Minimum Club Loss:		Maximum Club Loss:		

<b>Vendor No. 2 Information:</b>			
Vendor:	Contact:	Contract #:	
Address:	City:	State	Zip:
Last Date Full Refund:	Phone:	FAX:	
SSN / Fed. Tax ID No: _____ Individ.: __ Corp.: __ Partner.: __ Other: __ Exempt: __			
Name / Address for Mailing Federal 1099:			



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Special Contractual Agreements:
Cost Does Not Include:

<b>Vendor No. 2 Payment Schedule</b>				
Deposit:	Payment 2:	Payment 3:	Payment 4:	Total:
Date due:	Date due:	Date due:	Date due:	Date due:
Minimum Club Loss:			Maximum Club Loss:	

<b>Vendor No. 3 Information:</b>			
Vendor:	Contact:	Contract #:	
Address:	City:	State	Zip:
Last Date Full Refund:	Phone:	FAX:	
SSN / Fed. Tax ID No: _____ Individ.: __ Corp.: __ Partner.: __ Other: __ Exempt: __			
Name / Address for Mailing Federal 1099:			
Special Contractual Agreements:			
Cost Does Not Include:			

<b>Vendor No. 3 Payment Schedule</b>				
Deposit:	Payment 2:	Payment 3:	Payment 4:	Total:
Date due:	Date due:	Date due:	Date due:	Date due:
Minimum Club Loss:			Maximum Club Loss:	



## *Crabtowne Skiers, Inc.*

### **Newsletter Article**

<b>Title (limit 5 words):</b>
<b>When (days of week and dates):</b>
<b>Where (place, city, state):</b>
<b>Time (from-to, a.m./p.m.):</b>
<b>Cost per person:</b>
<b>Leader (name, work and home phone, email):</b>
<b>Assistant:(name, work and home phone, email):</b>
<b>Description (limit 50 words):</b>
<b>Directions (limit 25 words, or hand-out):</b>
<b>Payment (amounts, due dates, and drop-dead date):</b>
<b>Cancellation (Standard Club Policy unless otherwise noted):</b>