

# TRAPP FAMILY LODGE-STOWE, VERMONT

Sunday August 23-Wednesday August 26, 2020

Registration Form:

Please complete this form and return to:

**Town of Marcellus  
24 East Main Street  
Marcellus, NY 13108**

**Please also include your \$300.00/per person deposit  
make checks payable to the: Town of Marcellus.  
Registration and deposit are due by May 1, 2020.**

**In order to avoid confusion, we suggest that you and your roommate(s) register together  
(either by mail or in person). Thank you.**

**PLEASE USE A SEPARATE REGISTRATION FORM FOR EACH PARTICIPANT.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PLEASE CHECK ONE:

\_\_\_\_\_ Single Occupancy-\$1250//person

\_\_\_\_\_ Double Occupancy- \$925/person

\_\_\_\_\_ Triple Occupancy-\$850/person

\_\_\_\_\_ Quadruple Occupancy- \$800/person

Please note:

**Not all rooms are accessible via elevator. Some require up to one flight of stairs. Should any guest require elevator accessibility, please note on this form so they can accommodate you as best as possible. Trapp Lodge will try their best to accommodate, however they cannot guarantee a specific room, location or bed type request.**

Name(s) of Roommate(s) if applicable:

\_\_\_\_\_

Do you have any allergies or medical conditions we should know about?      Yes      No

If yes please describe: \_\_\_\_\_

Please provide us with the name and phone number of a person to contact in case of an emergency:

\_\_\_\_\_

**WAIVER:** The undersigned hereby acknowledges and understands that "accident insurance" is **not** provided for any injury that may be sustained as a result of hazard associated with the activity registered for by the undersigned and accepts financial liability for any medical cost resulting from an accident or injury.

The undersigned understands that he/she and/or their children attended activities at their own risk. The Town/Village of Marcellus and its employees are not responsible for injuries sustained. I give permission for the Marcellus Parks & Recreation staff to provide emergency services if needed.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian if participant is under 18 years of age.

\_\_\_\_\_  
Date