



Trip Reservation Form

November 2016 - May 2017

The Achievers
Disabled Sports USA
Orange County Chapter



Please choose the trip you would like to attend from the choices below. The deadline for trip & condo reservations is the Friday 2 weeks prior to the trip.

- | | |
|--|---|
| <input type="checkbox"/> November 18-20, 2016 (Instructors Trip) | <input type="checkbox"/> March 10-12, 2017 |
| <input type="checkbox"/> December 9-11, 2016 | <input type="checkbox"/> April 7-9, 2017 |
| <input type="checkbox"/> January 6-8, 2017 | <input type="checkbox"/> May 5-7, 2017 (dependent on snow conditions) |
| <input type="checkbox"/> February 10-12, 2017 | |

	I – Instructor, S – Student G – Guest, F- Family member	Sharing a bed	Friday lift ticket
Name: _____ Phone # _____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>			
Name: _____ Phone # _____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>			
Name: _____ Phone # _____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>			
Name: _____ Phone # _____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Please put additional names on the back of this form

- Please make reservations at the Viewpoint Condos.
- Do you have a roommate preference? _____
- I/We need a downstairs condo.
- I/We are not staying at the Viewpoint Condos.
- Carpool: I have room for a rider(s). _____

Adult/Student Friday and Saturday night	\$120.00 / person	X _____ = \$ _____
Child under 12 yrs sleeping on the floor/per night	\$40.00 / person	X _____ = \$ _____
Additional Adult/Student Thursday night stay	\$60.00 / person	X _____ = \$ _____
		Total: \$ _____

This form must accompany your payment:
 Please make checks payable to: DSUSAOC

Note: Payment must arrive by the deadline to insure a space at the Viewpoint Condos. Please allow time for Postal delivery. Reservation can only be processed on a per trip basis.

<u>Return to:</u> Raquel Decipeda DSOC Trip Coordinator 13741 Oxnard Street #9 Van Nuys, CA 91401	Email: DSOC.TRIPS@GMAIL.COM	***Lock this form by clicking the Check Box***
Check received on: _____		Check #: _____

We will do our best to accommodate your requests.