

## 2025-26 Red Eye Ski and Snowboard Club Application

**Annual membership dues (June 1, 2025-May 31, 2026) : \$20.00**

**\$15.00 if paid before May 31<sup>st</sup>, 2025**

Please mail completed application form with check to:

Connie Kozlak, Membership Chair  
Red Eye Ski and Snowboard Club  
1280 Cedarwood DR  
Woodbury, MN 55125

Thank you for printing legibly!

*(Legal name as required for airline ticketing):*

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ E-mail address \_\_\_\_\_

### Select Renewal or New Membership

\_\_\_\_\_ Renewal  
\_\_\_\_\_ New Member

### Initial Each Attestation

\_\_\_\_\_ I have read and agree to the Bylaws of the Red Eye Ski & Snowboard Club.  
\_\_\_\_\_ I agree to abide by the Red Eye Ski & Snowboard Club policies and waive the club and its members from any liability issues related to participation in club activities.  
\_\_\_\_\_ I understand that I will receive any newsletters and announcements by e-mail.

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

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

### **EMERGENCY CONTACT INFORMATION:**

#### Contact #1

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

#### Contact #2

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone \_\_\_\_\_