

# MAZAMAS APPLICATION FOR PER TRIP EXTRA INSURANCE

**Directions:**

1. Complete and SIGN one Per Trip Extra Insurance Form per member.
2. Calculate and enclose fee payment (see fee schedule at bottom of this form)
3. Send the completed application form and fees to: Mazamas  
527 SE 43<sup>rd</sup>. Ave  
Portland, OR 97215

**Mazama Member's Name:** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

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

**Email Address:** \_\_\_\_\_ **Climbing Experience:** \_\_\_\_\_ years

**Name of Expedition Leader:** \_\_\_\_\_

**Name of Peak to be Climbed:** \_\_\_\_\_

**Location of Peak:** \_\_\_\_\_ **Height of Peak:** \_\_\_\_\_ meters

**Departure Date From Trailhead (coverage begins):** \_\_\_\_\_

**Date of Return to Trailhead (coverage ends):** \_\_\_\_\_

**Number of Days of Coverage (based on the height of the peak):** \_\_\_\_\_

**Fee Schedule:**

- A. \$25.00 per week or part thereof for trips to peaks between 6,000 and 6,999 meters.
- B. \$50.00 per week or part thereof for trips to peaks between 7,000 and 7,999 meters.
- C. \$75.00 per week or part thereof for trips to peaks over 8,000 meters.

Total Payment Amount: \$ \_\_\_\_\_

**Method of Payment:**

( ) Check Enclosed (Payable to Mazamas)

( ) Visa or Master Card Payment: Card # \_\_\_\_\_ Ex. Date \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_ Signature: \_\_\_\_\_

I attest that I have read and understand the Mazama Rescue Insurance coverage and agree to the aforementioned terms.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_