

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 43rd. 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: _____