

LEXINGTON SKI & SPORT CLUB/OVSC

TRIP LEADER APPLICATION



Name:			Phone (W)	
Address:			Phone (H)	
Skiing Level (C	ircle One): Expert	Advanced	Intermediate Novice	
Years in the Club: Years Skiing:				
TRIP DESIRED {If you have a specific destination in mind}:				
Western	Midwestern	European Other		
Preferred Destination:			Alternative:	
Have you ever been to this location? Details:				
U	se additional paper as needed. List mo	ost recent information	first. (Please Type or Print.)	
PREVIOUS	FRIP LEADING EXPERI	ENCE {Need not	be ski trips, or with LSSC}:	
Type of Trip:		_ Organization	:	
Year:	No. of People:	Details:		
Type of Trip:		_ Organization	:	
Year:	No. of People:	Details:		
Type of Trip:		_ Organization	:	
Year:	No. of People:	Details:		
CLUB LEADERSHIP: {Any type of service to the Club, a Board position, a Committee, etc.}				
Year:	Activity:	Details:		
Year:		Details:		
Year:	Activity:	Details:		
Year:	Activity:	Details:		
Year:	Activity:	Details:		
Year:	Activity:	Details:		
CLUB PART	TCIPATION: {Events/Trips	attended in the pa	st two years.}	
Year:	Activity:	Year:	Activity:	
Year:	Activity:	Year:	Activity:	
Year:	Activity:		Activity:	
Year:	Activity:	Year:	Activity:	

OTHER FACTORS: The goal of this Application is to help the Board pick Qualified Trip Leaders. You may have other skills which should be considered, such as Fiscal responsibility, Initiative, Medical or Sales experience, etc. Feel free to attach a statement detailing any additional factors, which you want the Board to take into account.