



Cross Country Ski  
Association of Manitoba



**CLUB APPLICATION FORM**  
**SKI SEASON / INSURANCE YEAR: 2009-2010**

Complete Club Name: \_\_\_\_\_  
(Please Print)

Club Contact: \_\_\_\_\_

Club Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Web: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Number of members (previous season): \_\_\_\_\_

The above information will be made public on the Cross Country Canada website in the Club Database.

**CLUB FEE:**

**MEMBERSHIP FEE:**

Please check one:

✓

As per submitted list:

10 members or less \$40 \_\_\_\_\_

11 – 25 members \$50 \_\_\_\_\_

25 – 75 members \$65 \_\_\_\_\_

Over 75 members \$85 \_\_\_\_\_

\$9.00 per Individual X \_\_\_\_\_ = \$ \_\_\_\_\_

\$17.00 per Family\* X \_\_\_\_\_ = \$ \_\_\_\_\_

\*all members of a family must be living  
at the same address

**TOTAL CLUB & MEMBERSHIP FEES SUBMITTED:** \$ \_\_\_\_\_

***Please submit Club fee and Membership fee (if appl.) by November 15<sup>th</sup> as per the attached membership list. Updated membership lists and additional fees must be submitted throughout the season as club membership grows. Club will be invoiced for any outstanding fees as per the final membership list (to be submitted no later than March 1<sup>st</sup>). Only individuals named on your submitted membership list and only club events listed on the submitted schedule are covered under the CCC Liability Insurance. Please refer to the CCSAM Club Policy for more information.***

**PLEASE ATTACH THE CLUB'S EVENT SCHEDULE AND A LIST OF INDIVIDUAL MEMBERS (emailed to the office as an Excel file is preferred).**

On behalf of the \_\_\_\_\_ Ski Club, I have read the Cross Country Canada Insurance Manual and agree to the recommendations outlined, including the safety features and the requirement to have all club members and guests sign the appropriate Club Waiver or Participant Waiver upon application to the Club or Club activity.

Name of Club President: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

(Club President)