

The Escarpment Club

Membership Registration - 2027 Season

MEMBER INFORMATION – You may leave blank any items that are unchanged from last season.

First Name

Last Name

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Address: Street

City

Postal Code

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Phone: Home

Mobile

Email Address

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Emergency Contact (Name & Phone)

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Season Rates: Lift tickets are purchased separately and vary by club.

Single Membership	\$180	\$
Couples Membership	\$290	\$
DUES PAID AFTER NOVEMBER 15th - Add \$25	\$25	\$
Stratford Bus Service - 6trips:		
Stratford	\$365	\$
Lesson Programs - 6 weeks	Price	
Group 1 – Green Parallel- learning to parallel – ski green & blue runs - 1.5 hours / week	\$280	\$
Group 2 – Blue Parallel- refining parallel – ski blue & some black runs - 1.5 hours / week	\$280	\$
Group 3 – Strong skiers – ski black runs - 1.5 hours / week	\$300	\$
		\$
Membership Badge (new members/replacement)	\$15	\$
Sub-Total of Membership and Programs		\$
Add 13% HST (Reg. # 8580 24250)	13%	\$
Total including tax		\$
Total Fees		\$

Send Interac eTransfer to:

payments@escarpmentclub.com

To Pay by Cheque:

Make cheque payable to: “The Escarpment Club” P.O. Box 122, Collingwood, ON L9Y 3Z4

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Cancellation Policy:

\$25 administration fee for memberships canceled prior to December 15th, 2026. Lesson and bus program refunds are 50% of fee prior to December 15th, 2026.

No refunds after December 15th, 2026 with the exception of pro-rated refunds for lessons or bus trips canceled at the sole discretion of the Escarpment Club due to weather, road closures, ski club closures or other conditions that adversely impact the safety or enjoyment of club members. Pro-rated refunds will also apply to lessons or bus trips canceled due to ski club closures. If a lesson or bus trip is canceled and rescheduled on a 'make up day' during the current season refunds are not applicable.

Photo/Video Release: I give permission for the free use of my image in any photographs or videos used for marketing or promotional purposes by The Escarpment Club.

I HAVE READ THE CANCELLATION POLICY ON THE REGISTRATION FORM AND AGREE TO THE TERMS OF THAT POLICY.

By typing, drawing or writing my signature in the space indicated below I agree to the above waiver and all terms included therein.

Signed this day of , (year).	
Signature of Participant	Please print name clearly