

**THE AMERICAN ALPINE CLUB
APPLICATION FOR PER TRIP EXTRA INSURANCE
(MASTER POLICY LOG0260CR090604019)**

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:

Worldwide Outfitter & Guides Association
8722 South 300 West
Sandy, UT 84070-1420

Important: All applications submitted less than 30 days prior to the departure date must include a late fee charge of 50% of the total application fee. Applications received less than one week prior to the departure date will not be processed. NO EXCEPTIONS!

American Alpine Club Member's Name: _____

AAC Member ID#: _____

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:

Peaks 6,000 to 6,999 meters: number of days: _____ x \$9 (or \$100 minimum charge) = _____

Peaks 7,000 to 7,999 meters: number of days: _____ x \$12 (or \$150 minimum charge) = _____

Peaks over 8,000 meters: number of days: _____ x \$18 (or \$225 minimum charge) = _____

Late Fee (if applicable): 50% of total application fee = _____

Total Payment Amount: \$ _____ + \$10 (processing fee) = \$ _____

Method of Payment:

Check Enclosed (payable to Worldwide Outfitter and Guides Association)

I attest that I have read and understand the AAC per-trip insurance coverage (MASTER POLICY LOG0260) and agree to the aforementioned terms.

Signature of applicant: _____