

# 2021 HOLIDAY VALLEY SKI TRIP - ELLICOTTVILLE, NY

**Sunday, January 31st - Tuesday, February 2nd**

20 Slope Side Rooms Reserved

- 2 Nights Lodging; **3 DAYS SKIING/BOARDING Valid from 9:00am Sunday until 4:30 pm on Tuesday.**
- Continental Breakfast each morning, Pizza Party Sunday night and Welcome Party Monday Night (Due to Covid, these may be altered to comply with state requirements.)
- Up to 2 children, 17 or younger stay and ski free in room with adults

<b>Cost per Person:</b>	<b>Single:</b>	<b>\$ 530.00</b>	<b>Double:</b>	<b>\$ 335.00</b>
	<b>Triple</b>	<b>\$ 275.00</b>	<b>Quad:</b>	<b>\$ 240.00</b>
<b>Price per Non-Skier:</b>	<b>\$ 260.00 (in addition to paid skier)</b>			

Option to extend an additional night lodging and day skiing is available

Must be a current member of OVSC – if not please include a separate check for membership made payable to OVSC: **Single: \$ 25.00 Family: \$ 30.00**

\*Anyone wanting to stay Saturday night in Jamestown, NY, 15 rooms blocked at the Comfort Inn for \$84+ tax. Reservations can be made by calling 716-664-5920 and ask for the OVSC rate.

\*We also have a block of rooms at the Holiday Inn for \$99 + tax. Reservations can be made by calling 716-487-0001 and use the code OVC

**Payment:** Deposit of \$100.00 due by **November 4, 2020**  
Final Payment Due by **January 1, 2021**  
OVSC Cancellation Policy Applies

For More Information Contact Trip Leader Amy Gilbert 304-483-5922 or [AmyGilbert72@gmail.com](mailto:AmyGilbert72@gmail.com)

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Name: \_\_\_\_\_ Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Roommates (please include age of children): \_\_\_\_\_

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OVSC Member: \_\_\_\_ Yes and my membership is paid for current year. \_\_\_\_ Yes, enclosed is my membership dues for current year. \_\_\_\_ No, check and [membership form](#) is enclosed.

Welcome Party: Will Attend # \_\_\_\_\_ Will Not Attend # \_\_\_\_\_

Children ski and stay free but we are asking for **an additional \$10 per child** to help cover the cost of their food *for Sunday and Monday night.*

Amount Enclosed \$ \_\_\_\_\_ Date \_\_\_\_\_

Please indicate if first floor room is required due to physical condition.

Please make checks payable to OVSC and Mail Deposits/Payments:

**OVSC c/o Amy Gilbert, 1095 Joe Skinner Rd., Belpre, OH 45714**

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