

The American Alpine Club Expedition Endorsement Application

Required for all endorsements, whether for a team expedition or an individual.

Directions:

1. Complete one Expedition Endorsement Application (this form).
2. Each team member must complete one Individual Biodata Application.
3. Each team member must complete one Legal Release Form.
4. Calculate and enclose fee payment (see Fee Schedule at bottom of this form).
5. Send all completed application forms and fees to:
The American Alpine Club
710 Tenth Street, Suite 100
Golden, CO 80401 USA
tel: 1 (303) 384-0110
fax: 1 (303) 384-0111

Important: Allow a minimum of 60 days for processing endorsement requests. **All applications submitted less than 30 days prior to the date the endorsement is required, will be charged a late fee of \$250.**

Name of Expedition: _____

Date of Expedition: _____ Season: _____

Nationality of Expedition: _____

Name of Peak to be Climbed: _____ Altitude: _____

Route of Ascent: _____

Approach Route of the Expedition: _____

Name of Expedition Leader: _____ Nationality: _____

Is this a guided or commercial expedition? YES / NO

Estimated Expenditure: _____ Financial Source: _____

Contact Person for Expedition (include mailing address, phone, email and/or fax):

Name of each team member:

Nationality of each team member:

Endorsement Fee Schedule:

Guided or Commercial Fee:	\$100	Add to total fee if the expedition is guided or commercial.
Non-AAC Member Fee:	\$100	Add to total fee if the endorsement request contains any non-AAC member(s).
Late Fee:	\$250	Add to total fee if application is not submitted at least 30 days prior to the date the endorsement is required.
Change Fee:	\$ 50	Add to total fee if new team members are added once the original endorsement letter has been issued.

Note: There is no fee for endorsement requests that are non-guided or non-commercial if all members are current AAC Members.

Endorsement Fees:

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Guided or Commercial Endorsement Fee:	\$100
Non-AAC Member Fee:	\$100 (if applicable)
Late Fee:	\$250 (if applicable)
Change Fee:	\$ 50 (if applicable)
Total Payment Amount:	\$ _____

Method of Payment:

Check (payable to The American Alpine Club)

Credit Card VISA / MC / AMEX

Card Number: _____ Exp. Date: ____/____

Signature: _____