

REGISTRATION FORM

Use one form per person

Please provide all of the following information, including optional preferences.

Name: (Name as exactly listed on your passport)

Sharing a room with _____

Street/Mailing Address _____

City/State/Zip _____

Home Phone # _____

Cell Phone # _____ Business Phone # _____

E-Mail _____ *Important! primary means of contact*

**Ski Trip to
BANFF
Canada**

March 9-16, 2019

Information Required by the T.S.A.

Passport Country of Issue: _____

Date of Birth _____ Gender ____ Passport Number _____ Passport Expiration* _____

*NOTE: If your current passport is due to expire anytime in 2019...GET IT RENEWED !

Type of Room Accommodation in Banff:

Standard Single or Double ____ (one king)

Standard Double, Twin, or Triple ____ (two queens)

Superior Single or Double ____ (one king)

Superior Double, Twin, or Triple ____ (two queens)

Optional Insurance

I understand that the cost of the optional insurance program is 6% of the advertised tour price (based on my accommodations & flights) and that trip insurance must be purchased no later than due date of final payment (January 9, 2019). A separate form is available to register for trip insurance.

I have read, understood, and accept the tour and insurance conditions listed on the "Tour Conditions - Group/Winter" page.

Signed: _____ Date: _____

This form MUST be completed and returned by all participants with first payment. Insurance premium may also be sent. ALL PAYMENTS MUST BE BY CHECK (no credit cards). Make payments payable to "Charles E. Thompson" and sent to:

CHARLES E. THOMPSON
261 CARPENTER ROAD
WHITINSVILLE, MA 01588

Phone: (508) 234-1230 (774) 276-7210 (cell)
E-Mail: info@skiwithcharlie.com or thompsoncharlie51@gmail.com
Participants will receive payment confirmation by e-mail, or by U.S. Mail if no e-mail