

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  
KITZBUHEL  
Austria**

March 6-17, 2020

<u>Information Required by the T.S.A.</u>	Passport Country of Issue: _____
Date of Birth _____ Gender ____ Passport Number _____ Passport Expiration* _____	
*NOTE: If your current passport is due to expire <u>anytime</u> in 2020...GET IT RENEWED !	

Type of Room Accommodation in Kitzbuhel & Athens:

Single \_\_\_\_\_

Double \_\_\_\_\_

Twin \_\_\_\_\_

Optional Insurance

*I understand that the cost of the optional insurance program is 6.5% 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 10, 2020). 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 (\$800). 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](mailto:info@skiwithcharlie.com) or [thompsoncharlie51@gmail.com](mailto:thompsoncharlie51@gmail.com)  
Participants will receive payment confirmation by e-mail, or by U.S. Mail if no e-mail