

REGISTRATION FORM

Use one form for people at the same address, but separate forms for people at different addresses.
Please provide all of the following information, including optional preferences.

Name: _____

Sharing a room with: _____

Street/Mailing Address: _____

City/State/Zip: _____

Home Phone # _____

Cell Phone # _____

E-Mail: _____

Type of Room Accommodation: Single Double (one bed) Twin (two beds) Triple

**Ski & Sightseeing
Trip to
Mont Tremblant
Feb. 14-17, 2019**

Note: please check your passport for expiration date. Make sure that it will not expire for at least six months beyond the trip dates.

This form MUST be completed and returned by all participants along with first payment (\$50 per person).
ALL PAYMENTS MUST BE BY CHECK (no credit cards). Make payments payable to "Charles E. Thompson" and send to:

CHARLES E. THOMPSON
261 CARPENTER ROAD
WHITINSVILLE, MA 01588

Phone: (508) 234-1230 (774) 276-7210

E-Mail: info@skiwithcharlie.com or thompsoncharlie51@gmail.com

Participants will receive payment confirmation by e-mail, if possible, or by mail if no e-mail is available.

Balance of payment is due by January 11, 2019.