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	Ski Trip to
Street/Mailing Address	Interlaken
City/State/Zip	Switzerland
Home Phone #	OWITZOITATIA
Cell Phone # Business Phone #	March 5-16, 2022
E-Mail Important! primary means of contact	
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 2022GET IT RENEWED!	
Type of Room Accommodation in Interlaken & Athens: Single Double Twin Triple	
Optional Insurance I understand that the cost of the optional insurance program is 6.5% of the ad accommodations & flights) and that trip insurance must be purchased no later (January 7, 2022). A separate form is available to register for trip insurance.	
I have read, understood, and accept the tour and insurance conditions listed on the "Winter Tour Conditions – 21/22" page.	
Signed: Date:	
This form MUST be completed and returned by all participants with first paymay also be sent. ALL PAYMENTS MUST BE BY CHECK (no credit cards). Make "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: <u>info@skiwithcharlie.com</u> or <u>thompsoncharlie51@gmail.com</u>

Participants will receive payment confirmation by e-mail, or by U.S. Mail if no e-mail