

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
Andorra
&
Barcelona
March 1-12, 2024**

<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 2024...GET IT RENEWED !	

Type of Room Accommodation in Andorra & Barcelona:

Single _____

Double _____

Twin _____

Triple _____

Optional Insurance

I understand that the cost of the optional insurance program is 7.25% 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 2, 2024). 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 – 23/24" page.

Signed: _____ Date: _____

This form MUST be completed and returned by all participants with first payment (\$750). 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: (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