

**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  
Engelberg  
&  
Brussels/ Bruges**  
 January 25 – February 4  
 2025

<b><u>Information Required by the T.S.A.</u></b>	Passport Country of Issue: _____
Date of Birth _____ Gender _____	Passport Number _____ Passport Expiration* _____
<b>*NOTE: If your current passport is due to expire <u>anytime</u> prior to September 2025...GET IT RENEWED !</b>	

**Type of Room Accommodation in Engelberg & Brussels:**

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 (November 25, 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 – 24/25" page.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This form MUST be completed and returned by all participants with first payment (\$1,000). Insurance premium may also be sent. ALL PAYMENTS MUST BE BY CHECK OR VENMO (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