

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
Val Gardena
Italy**

March 3-14, 2023

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 2023...GET IT RENEWED !

Type of Room Accommodation in Val Gardena & Innsbruck:

Single _____

Double _____

Twin _____

Triple _____

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 3, 2023). 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 – 22/23" 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: (508) 234-1230 (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