

# FWSA ISLAND WINDJAMMER ADVENTURE TRIP

## REGISTRATION FORM

British Virgin Islands May 19 – 26, 2019

**Please print clearly** *The information you provide is for the exclusive use of FWSA & will not be sold for solicitation.*  
USE NAME AS IT APPEARS ON PASSPORT OR OTHER GOVERNMENT DOCUMENT

PRINT FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

Nickname \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PHONE: Home: (\_\_\_\_) \_\_\_\_\_ Cell / Work: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Ski Club: \_\_\_\_\_ FWSA Direct Member: \_\_\_\_\_

FWSA Council: Arizona, Bay Area, Central, Intermountain, LAC, Orange, Northwest, San Diego, Sierra Direct Member

### REQUIRED EMERGENCY CONTACT INFORMATION – Person not on this trip

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### OTHER INFORMATION--OPTIONAL

Spouse/Significant Other on this trip? Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

List Food Allergies and/or drug allergies (optional): \_\_\_\_\_

Medical Conditions (optional): \_\_\_\_\_

List Over-the-Counter/Prescription drugs taken regularly (optional): \_\_\_\_\_

- I have been advised that the FWSA trip package does not include Travel Insurance and I have the option to purchase my own Travel Insurance.
- I am aware that I am financially responsible for myself whether or not I purchase Travel Insurance.
- I am aware it is my responsibility to obtain all legal documents required for travel including passports and that my passport must be valid at least 6 months after trip.
- I have received a copy of the FWSA Conduct Policy.
- I further certify that I'm a current FWSA Club or Direct member and that the information I have provided on this form is accurate.
- I have read and am aware of the FWSA payment and cancellation deadlines for this trip.
- I am aware that FWSA may use pictures taken at Ski Week in the ski week presentation, on their website, and in any promo DVD's to market other FWSA trips. I have the option to sign a form to deny the use of my photo.

**X** (Required) \_\_\_\_\_

Participant Signature OR Parent/Legal Guardian for Minor

\_\_\_\_\_ Date