

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