

FWSA 2018 GRAND CAYMAN REGISTRATION FORM

SEPTEMBER 15 – 22, 2018

(If using own air you must arrive in Grand Cayman on Sept. 15, 2018)

Please print clearly: *The information you provide is for the exclusive use of FWSA and will not be sold for solicitation.*

Print LEGAL NAME as it appears on Passport: _____
Exact FIRST Exact MIDDLE Exact LAST

**** It is MANDATORY to SEND a BLACK/WHITE COPY OF YOUR VALID PASSPORT - Valid thru March 22, 2019****

Mailing Address: _____ Nickname: _____

City: _____ State: _____ Zip Code: _____

PHONE: Home: (____) _____ Cell (____) _____ Work: (____) _____

Date of Birth: Mo ____ Day ____ Year ____ Passport Number _____ Expiration _____

Print E-Mail Address: _____

Male _____ Female _____ I am a Scuba Diver _____ / Non-Diver _____

Divers Alert Network (DAN) Insurance #: _____ Expiration Date: _____

I am a MEMBER of _____ Ski Club OR a FWSA DIRECT MEMBER _____

FWSA Council (circle): Arizona, Bay Area, Central, Intermountain, Los Angeles, Orange, Northwest, San Diego, Sierra

EMERGENCY INFORMATION

*Emergency Contact – Immediate Family member **NOT ON THIS TRIP** (required for all participants):*

Name: _____ Relationship: _____

Contact Number: _____ Cell Number: _____

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

Medical Conditions (optional): _____

List Over-the-Counter/prescription drugs taken regularly (optional): _____

List any Special Dietary Needs: _____

*I have been advised that the FWSA trip package does not include travel insurance and I understand that I do have the option to purchase my own Travel Insurance. **FWSA DOES HIGHLY RECOMMEND TRAVEL INSURANCE.***

(Travel Ins. details offered by our tour operator will be provided or you may purchase from your own provider)

- *I understand that I am financially responsible for myself whether or not I purchase Travel Insurance.*
- *I understand it is my responsibility to obtain all legal documents required for travel including passports & visas.*
- *I understand that my passport must be valid at least 6 months after return of trip (March 22, 2019)*
- *I have been advised of the CANCELLATION Policy - the deposit is completely refundable until May 31, 2018. See complete CANCELLATION Policy and associated fees listed on the documents. NO REFUNDS after August 15, 2018 unless a compatible replacement is found. There may also be a transfer fee and associated vendor/supplier fees.*
- **NO REFUNDS for Any NO-SHOWS**
- *I have received and read a copy of the FWSA Conduct Policy and agree to comply.*
- *I understand that I must be a current member of a FWSA Club or a FWSA Direct member. I further certify that I'm a current FWSA Club or a FWSA Direct member and that the information I have provided on this form is accurate.*
- *I understand that the culture of the place(s) I am visiting might not be what I am normally accustomed to in the United States.*
- *I am aware that FWSA may use images taken during this trip for marketing and promotional purposes. I authorize and hold harmless FWSA and its agents for the use of my image. I may choose to sign an exemption form to exclude the use of my pictures being used for this purpose.*

Participant Signature OR Parent/Legal Guardian for Minor

Date

CST #2036983-40

Lodging Information:

Garden Room: 2 Double beds.

Standard Oceanfront Room: 2 Double beds.

One Bedroom Suite: 1 King size bed and a pull-out sofa sleeper.

PAYMENT METHOD Information

X	<p>** PLEASE mail your completed registration forms & waiver, along with a check for your trip deposit. Subsequent payments may be made online by credit card or by mailing a personal check, cashier check, or money order. Your registration will not be complete, and your spot will not be reserved, until you have submitted your documents (including black/white copy of valid passport) and have paid your initial deposit.</p> <p>**if you choose to pay by credit card, instructions to the online payment system will be provided on your accounting statement, for subsequent payments once we have received your registration.</p>
	<p>Please mark one of the following for making future payments:</p> <p><input type="checkbox"/> I will continue to make payments by check, cashier check or money order.</p> <p><input type="checkbox"/> I will continue to make payments by PayPal and/or Credit Card via online payment method. Do send me the information in order to pay online.</p>

*Send ALL the Registration Forms, Trip & Transportation Options, Waiver, Lodging & Payment Method Form and a legible **BLACK & WHITE** photocopy of your Valid passport (good through March 22, 2019), and Check Payment to:*

Randy Lew
829 SE 11th Place
Battle Ground, WA 98604

Cell: (530) 304-0802

E-mail: Fwsa13randy@telis.org

Make check payable to **FWSA**. *Please note "FWSA 2018 Grand Cayman Trip on each check".*

There will be a charge of \$25.00 for return checks from your bank.

Deposit Payment Amount: \$ _____ *Check #* _____ *Other:* _____