

FWSA 2017 INT'L AUSTRIA TRIP REGISTRATION FORM

Ski Week – St. Anton am Arlberg, Austria Mar. 12-19, 2017* and

Optional extension or Stand Alone Trip – Vienna & Budapest Mar. 19-26, 2017**

*Tentative Departure dates for the BASIC St. Anton Ski Week: depart the US on March 11, 2017 and return from Austria on March 19, 2017

**Tent. Departure dates for the BASIC St. Anton Ski Week & EXTENSION: depart the US Mar. 11, 2017 & return from Budapest Mar. 26, 2017

(If using your OWN air transportation, you must arrive by 5pm in St. Anton on Mar. 12, 2017)

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 Sept. 26, 2017**

Mailing Address: _____ Nickname: _____

City: _____ State: _____ Zip Code: _____

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

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

Print E-Mail Address: _____

Male _____ Female _____ Skier/Snowboarder _____ Non-Skier / Non-Boarder _____

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 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 & visas.
- I am aware that my passport must be valid at least 6 months after return of trip (Sept. 26, 2017)
- I have been advised of the CANCELLATION Policy - the deposit is completely refundable until Nov. 15, 2016. See complete CANCELLATION Policy and associated fees listed on the documents. NO REFUNDS after Jan. 15, 2017 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 a copy of the FWSA Conduct Policy and agree to comply.
- 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 am aware that the culture of the place(s) I am visiting might not be what I am normally accustomed to in the USA.
- 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 and I may 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