



TAMPA BAY SKI CLUB

TRIP APPLICATION & RELEASE FORM

TRIP DESTINATION: CROATIA **Date:** _____

Legibly print names **Exactly** as they appear on your **Government Photo I.D.** or U.S Passport; You are responsible for name change fees! **Any name changes after airline tickets are issued will assess a \$100 fee.**

List primary participant to receive correspondence and be responsible for all payments on the first line.

A new form must be used for each participant who will be paying separately.

FIRST NAME	(LEGAL) LAST NAME	MI	NICKNAME	DOB	GENDER	TSA/GLOBAL ENTRY

CONTACT INFORMATION

Street: _____ | Primary Ph: (____) _____

City: _____ State: ____ Zip: _____ | Cell Phone: (____) _____

E-mail Address: _____ |

In Case of Emergency, Please Notify:

Name _____ Phone (____) _____

OPTIONAL ITEMS

Will you be using air supplied by the club? YES NO

***Lodging Request:** _____ Rooming with? _____

Bedding Preferences: _____ Looking for Roommate? _____

Are there any birthdays, anniversaries, or other special events among your group on your ski trip? Tell us about them:

TRIP INSURANCE

Tampa Bay Ski Club strongly recommends that all travelers purchase trip insurance. Winter travel can be highly unpredictable. You think it will never happen to you until you suddenly have a cancelled flight or need to get home for an emergency.

It will be available for purchase when you receive your final bill, but will NOT cover Pre-existing.

Do you, or any member of your party have a Pre-Existing medical condition? YES

If NO, please move on to the next section.

If you have qualifying pre-existing medical conditions that you would like to be included in your trip insurance coverage, you will need to purchase the insurance within 10 days of your initial trip deposit. Please check the above box before submitting your application and the Ski Club Office will send you a quote within a couple business days.

Roommates: It is the responsibility of all participants to assure “compatibility” prior to signing up. We will assist, but **are not responsible, for finding roommates.** **Seats and Bedding:** Tampa Bay Ski Club will make every effort to accommodate requests for airline seating & hotel bedding configurations. **However, we cannot guarantee any particular seats or bedding arrangements.**

Changes: Participants making any changes in air reservations will incur a \$50 fee plus the amount charged by the airline.

NO AIR: If you are able to arrange flights to match the group’s flight schedule, you may reserve a spot on the group bus but you must inform the Ski Club Office. Anyone that does not use the club air will be able to subtract the air cost from their advertised trip rate. **If you miss the group departure for any reason, (Delays, cancellation of flights, schedule changes, etc.) you will be responsible for your own ground transportation.**

Airlines: Tampa Bay Ski Club is not responsible for schedule changes.

Frequent Flyer: Tampa Bay Ski Club will submit your frequent flyer number to the airline, but ultimately you are responsible to make sure the airline has it in their system.

Trip Prices: Participants are subject to any new taxes or fees imposed by either the government, airline, lodging or any agency involved. On international trips, slight price changes can occur due to currency fluctuations.

International Travel/Border Control: Tampa Bay Ski Club shall not be responsible for either myself or any member of my family, or group, who is denied entry into any state, territory, providence, or country because of any prior criminal convictions, civil offences, or by reason of any rules or regulations propagated by the US Department of Immigration and Naturalization Services including, but not limited to, laws and regulations governing the issuance and renewal of US Passports and/or Travel Visas.

All airlines, ground transportation, & lodgings are Non-Smoking.

Release of Liability and Hold Harmless Agreement:

I, as the Primary participant, and those participants who are listed by me on page one who are members of my group, do hereby appoint Bowen TravelWorld (The Agency), its officers and agents, as my/our agent to perform all acts and to enter into any and all contracts as may be deemed as desirable in connection with this trip. I/We understand that the Agency acts as a coordinator and accepts no responsibility for the services of any person, tour company, airline, motor coach, hotel, insurance company or organization rendering any of the services or accommodations being offered on any trip. Trip and other activity fees are based upon current tariffs and are subject to change without notice. The Agency accepts no responsibility in whole or in part for any delayed departure or arrival, missed plane or other carrier connections, loss, damage or injury to person or property, mechanical defect or any failure of any nature, howsoever caused, or for any substitution of lodging or of common carrier, with or without notice, or for any additional expenses occasioned thereby. I/We agree that I/we am/are solely responsible for my/our personal safety and conduct and I, as the Primary participant, am responsible for meeting all payment deadlines and obligations to the Agency, bank and card issuers. Should I/we miss departure, I understand that I may not be able to recover any part of my/our trip payment. I agree to indemnify and hold harmless the Agency, its officers, and agents or contractors from any loss or cost for expense incurred by or attributable in any way with this trip or other activity

Cancellation Policy:

1. Cancellation by any participant (as listed on page one) prior to the cancellation date as specified/advertised in the official trip description for this trip will result in a \$1,000 cancellation fee (per person). Cancellation after the cancellation date will result in forfeiture of your total deposit **PLUS** any fees associated with the cancellation. Any participant may obtain a substitute

participant to take his/her place, but the "Primary" participant shall be liable for the cancellation fee cited above and any charges incurred due to name changes.

2. All cancellations by participants must be in writing by the "Primary" participant to the Agency.
3. All trip payments are due on the date specified on the official trip description. If not received when specified, the "Primary" participant and all members signed up with them, risk losing his/her place(s) on the trip and being treated as having cancelled. In the event a trip is cancelled by the Agency due to a lack of participation, Primary participant will receive a refund or transfer to another trip.

PAYMENT: 2 Options:	(1) Credit Card (Visa, MasterCard, Discover or AMEX)	(2) Personal Check
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SUBMIT THIS SIGNED TRIP APPLICATION TO TAMPA BAY SKI CLUB With Full Deposit

A deposit of \$1000 per person (NON_REFUNDABLE) on Croatia Yacht and Tour Trip must be submitted with this application for any space to be held.

Mail to: Tampa Bay Ski Club, 4905 West State Street, Tampa, Florida, 33609.

Or FAX to: 813-289-0375.

MAKE CHECKS PAYABLE TO: "TAMPA BAY SKI CLUB"

[Checks returned for Non-Sufficient Funds (NSF) will result in a \$25 Returned Check Fee for each check submitted toward payment. Thereafter, payment will be submitted by Certified Check or Money Order.]

OR

FILL OUT THE CREDIT CARD AUTHORIZATION Form and Attach to this Form.

I, by signing below, understand that I represent all members of my group (as listed on page one). \$1000 per person will be charged for all cancellations prior to the cancellation date, and that if I fail to cancel this reservation in writing before such date that I may be subject to additional charges as explained in the Cancellation Policy on this form. I will pay the balance due and any optional costs by the set due date.

I HAVE READ THIS APPLICATION, RELEASE, AND HOLD HARMLESS AGREEMENT IN ITS ENTIRETY, AND AGREE ON BEHALF OF MYSELF, AND EVERYONE IN MY TRAVEL GROUP, TO ALL THE PROVISIONS, CONDITIONS, AND POLICIES SET FORTH ON THIS TRIP APPLICATION.

Primary Participant's SIGNATURE _____ Date ____/____/____



PAYMENT METHOD: VISA _____ MASTERCARD _____ AMEX _____ **(NO OTHERS)**

CREDIT CARD NUMBER: _____ EXPIRES: _____

SECURITY NUMBER _____

NAME AS IT APPEARS ON THE CARD:

(PLEASE PRINT)

TRAVELERS NAME (IF DIFFERENT):

(PLEASE PRINT)

AMOUNT TO BE CHARGED: \$ _____

TRIP DESTINATION: _____ DATES OF TRAVEL: _____

Card holder acknowledges receipt of goods and/or services in the amount shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with card issuer. Cardholder has read and agrees to the Cancellation Policy on the Bowen Travel Trip Application. Additional charges will require a separate authorization.

Cardholder

Signature: _____ **Date:** _____

Cardholder billing address: _____

ZIP: _____

DAYTIME PHONE: _____ **EMAIL ADDRESS:** _____

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or FAX to 813-289-0375**