

REGISTRATION for INNSBRUCK, AUSTRIA

March 8-16, 2019

This trip is available only to members of CSC Clubs. Visit www.crescentskicouncil.org to join.

Prepare one registration form per person. Attach a color copy of passport.
Applications will be accepted June 8 - October 15 or until all spaces are filled.

Terms, Conditions, and Cancellation Policies: Prices are based on 20 paying passengers. If the group falls below this number, these prices will be adjusted. Penalties: Cancellation: 90 days prior to departure--\$100; 89-60 days--\$150; 59-31 days--\$250; 30 days or less--no refunds or substitutions. Itinerary Deviations: 60 days prior--\$200; 59-31 days--\$300; 30 days or less will be calculated on availability. Supplier penalties will be additional. Fuel charges may change up to date of ticketing. Save money on potential increases by registering as soon as possible.

I have read and accept the terms, conditions, and cancellation policy, and agree to the terms and conditions set forth. I understand I must be a member in good standing of a CSC member club at sign-up and during the dates of this trip: March 8-16, 2019. Signature _____

Name on Passport _____

Known Traveler Number _____ Lufthansa Miles & More Number _____

Billing Address _____

Cell _____ Email _____

Roommate _____

Emergency Contact/#/Relationship _____

Check all that apply and calculate your total:

Air Ticket \$1286____ Hotel Package \$906____ in Double Classic

If you want a single accommodation, add for a Double Room for Single Use \$446____ or
Single Room for Single Use +\$188____ Total \$ _____

Travel Insurance -- 6% of total (Policy information is attached) _____

Total \$ _____

Deposit by check with Registration \$400____ Final payment by 11/30/18 \$ _____

Please make your check to Ski.com for your deposit. If you choose to charge your final payment, Ski.com must collect an administrative fee of 3% on each transaction, VISA or Mastercard only.

Credit Card Authorization: I authorize Ski.com to charge \$ _____, plus 3% to the following account, and grant its agent limited power of attorney to sign the credit card charge form on my behalf for the above-noted trip.

Acct# _____ Exp Date _____ CCV Code _____ Zip Code _____

Cardholder's name _____ Signature _____

Please return completed form, keeping a copy for your files, to
Martha's Getaways, LLC
2850 Saint George Road
Winston-Salem, NC 27106

Do not email any personal information. I look forward to working with you. Thank you, Martha