

**TRIP SIGN-UP FORM**

Instructions: Complete one form for each participant and trip, including dependents. Please read the FSC Trip Policies on the reverse side of this form and sign below. Submit form with deposit to Trip Chair. Separate checks for each trip are requested.

Trip: \_\_\_\_\_ Dates: \_\_\_\_\_ Price Including Insurance: \_\_\_\_\_

Sign up date: \_\_\_\_\_

\*\*\*\*\*

Member name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Day ph: \_\_\_\_\_ Evening ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Can we publish name and cell # in trip directory: Yes No Text capability: Yes No

\*\*\*\*\*

Age: \_\_\_\_\_ Birthdate: 0/00/0000) \_\_\_\_\_

Roommate request: \_\_\_\_\_

Other special request: \_\_\_\_\_

Payment and Cancellation Schedule for this trip:

\$\_\_\_\_\_ Deposit due: \_\_\_\_\_ Cancellation after this date, participant will be charged 10% of trip cost.

\$\_\_\_\_\_ 2nd pymt due: \_\_\_\_\_ Cancellation after this date subject to contract cancellation rules and 10% of trip cost.

\$\_\_\_\_\_ 3rd pymt due: \_\_\_\_\_ Cancellation after this date subject to contract cancellation rules and 10% of trip cost.

\$\_\_\_\_\_ 4th pymt due: \_\_\_\_\_ Cancellation after this date subject to contract cancellation rules and 10% of trip cost.

Optional activity requested: \_\_\_\_\_ Cost: \$\_\_\_\_\_ yes/no

If paying in full with credit card: Go to the payments section of FSC website.

**I have read the FSC Trip Policies on the membership application and agree to its terms.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

For trips involving air travel:

Flight preferences: early OR late Frequent Flyer # \_\_\_\_\_

**For all flights attach a copy of your drivers license.**

**For international flights please attach a copy of your passport.**

Club use only:

Date and initial when received or verified. \_\_\_\_\_

Dues	Membership form	Passport	License	Ins Form	Ins waiver	Liability waiver