

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. FSC 06/04

Trip: _____ Dates: _____ Price: _____

Chair: _____ e-mail address: _____

Day ph: _____ Evening ph: _____ Cell: _____

Member name: _____ Sign-up date: _____

Address: _____

Day ph: _____ Evening ph: _____ Cell: _____

e-mail address: _____ For available senior discount, indicate your age: _____

Roommate request: _____

Other special request: _____

Payment and Cancellation Schedule for this trip:

\$ _____ Deposit due: _____ Cancellation after this date, participant will be charged \$ 10

\$ _____ 2nd pymt due: _____ Cancellation after this date subject to contract cancellation rules

\$ _____ 3rd pymt due: _____ Cancellation after this date subject to contract cancellation rules

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

Trip insurance coverage requested: yes (Make separate premium check payable to Sportours)

If paying in full with credit card: (Visa and MasterCard only) Visa MasterCard

Credit card #: _____ Exp. date: _____

Name as it appears on the card: _____

I have read the FSC Trip Policies on the reverse side of this form and agree to its terms.

Signature

Date

For trips involving air travel:

Flight preferences: Departing flight _____ Returning flight _____

For all flights, name as it appears on you driver license: _____

For international flights, name as it appears on your passport: _____

Special air travel needs: _____