

# \$950.<sup>00</sup>

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January 26 – February 2, 2008

## FLORIDA SKI ADVENTURES

### Trip Application Form for Steamboat, CO

### \$950.00 per person double occupancy (pp/do)

Saturday, January 26, 2008 to Saturday, February 2, 2008

Trip includes Ground Package Only

7 nights at the Ski-in, Ski-out Sheraton Steamboat Resort & Conference Center, Ground Transportation (if arrival is prior to Tampa flight (Hayden 4:15 pm), Parties and Prizes

Deposit \$200.00 per person – first come, first reserved

Always make your checks payable to: FLORIDA SKI ADVENTURES

Remaining balance due to FSA by Thursday, November 15, 2007

Return To: C.K. Mills, 15207 Lake Maurine Dr. Odessa, FL 33556

**PLEASE PRINT LEGIBLY, AND KEEP A COPY FOR YOUR RECORDS**

| <b>EXACT Photo Identification Name</b><br>(required by airline and security personnel, changes from this information could cost you \$100 or more, if not correct and clear) | First Name or Nickname for Name Badge | Will you be renting Equipment?<br>Yes/No | Birthday<br>Month & Day | Skier Ability:<br>Beginner,<br>Intermediate,<br>Advanced, or<br>Expert | Age if<br>under<br>21<br>and<br>over<br>10 |
|--|---------------------------------------|--|-------------------------|--|--|
| Primary Skier 1  |                                       |  |                         |  |  |
| Family 2   |                                       |  |                         |  |  |
| Family 3   |                                       |  |                         |  |  |
| Family 4   |                                       |  |                         |  |  |

**Below information will not be shared by FSA**

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Bus: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ } **Circle the Best Phone Number To Reach You**  
 Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ }  
 Cellular: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ }  
 Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ }

**In Case of Emergency - Notify (someone not on the trip):**

Name \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Night Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you need a roommate (circle): **YES** **NO**

**FSA Use Only**

Deposit and Signed Application:

Date Recd: \_\_\_\_ / \_\_\_\_ /07 Ck# \_\_\_\_\_

Amount: \$ \_\_\_\_\_ .00

Total Trip Amt Due: \$ \_\_\_\_\_ .00

Balance Due:

Date Recd: \_\_\_\_ / \_\_\_\_ /07 Ck# \_\_\_\_\_

Amount: \$ \_\_\_\_\_ .00

## RELEASE OF LIABILITY

I and my family do hereby appoint FLORIDA SKI ADVENTURES ("FSA"), its officers, staff, and agents, as our agent to perform all acts and to enter into any and all contracts as may be deemed desirable in connection with this FSA ski trip. I understand that FSA acts only as coordinator and accepts no responsibility for the services of any person, ski area, airline, motor coach, hotel, restaurant, or travel agent or any organization whatsoever rendering any of the services or accommodations being offered on this trip. This ski trip is based upon current tariffs and is subject to change without notice. Prices on this trip for primary air and lodging have already been contracted. While FSA does not wish to charge any additional fees, any new taxes, airport fees or other unforeseen increases will be shared among all participants. FSA will notify participants as soon as practical of these additional charges. FSA accepts no responsibility in whole or in part for any delays, weather conditions, delayed departure or arrival, missed planes or other carrier connections, loss, damage or injury to person or property, mechanical defect or failure of any nature whatsoever caused, or for any substitution of hotels or of common carrier, with or without notice, or for any additional expenses occasioned thereby. We fully understand that FSA is a voluntary association run by volunteers. By participating, we do not rely on the expertise of any officer, staff, or coordinator or the agents of any of the foregoing. We agree that we are solely responsible for our personal safety, conduct, damages, and any personal charges charged to the FSA master account and for meeting all payment deadlines. Should we miss departure, we understand that we may not be able to recover any part of our trip or activity payment. We agree to indemnify and hold harmless FSA, its officers, staff, and agents or contractors from any loss, cost or expense incurred by or attributable in any way to us in connection with this ski trip. Airline E-tickets in Tampa, Florida will be issued at curbside baggage check-in by the Trip Leaders. We agree to abide by the rulings of the Trip Leaders in connection with this ski trip. **Persons arriving less than one hour prior to departure should go directly to the airline counter.**

## **CANCELLATION AND PRIORITY POLICIES**

1. Cancellation by a participant before November 1, 2007 shall result in a \$50.00 cancellation fee per person.
2. Cancellation on or after November 1, 2007 shall result in forfeiture of whichever is greater, the deposit, or the total cost to FSA of such cancellation. The participant may obtain an agreeable substitute, but shall be liable for any transfer fees.
3. All cancellations by participants must be in writing or Email to the trip leader.
4. All non-refundable airline tickets or other vouchers will be returned to canceling participant.
5. All trip fees are due on the date specified by FSA. If not received when specified, the participant risks losing their place on the trip and being treated as having canceled. Call either of the FSA trip coordinators, **C. K. Mills 813-920-4010** or **Bill Uradnik 813-484-4519.**
6. All quoted prices are subject to any new fees or taxes imposed by airlines, hotels, or government agencies. You will be notified by documented statement or Email of any increases.
7. The **final** date of receipt by FSA of **both a properly completed trip application, signed by all parties, and receipt of the full deposit amount** will determine flight and accommodation priority. A trip application without a check is not complete, as is a check without a trip application. All trip applications must have original signatures and be received through the US mail. Faxes and attachments to Email will not be accepted.

**I (We) have read, understand, and agree to the above Release of Liability and the Cancellation Policy and will pay the balances due on this application by the dates indicated above. All adults on this trip application must sign below.**

|                                 |               |  |               |
|---------------------------------|---------------|--|---------------|
| _____<br>Signature of Applicant | _____<br>Date | _____<br>Signature of Parent of Minor(s) | _____<br>Date |
| _____<br>Signature of Applicant | _____<br>Date | _____<br>Signature of Applicant          | _____<br>Date |
| _____<br>Signature of Applicant | _____<br>Date | _____<br>Signature of Applicant          | _____<br>Date |