



**HYATT**<sup>TM</sup>  
<http://beavercreek.hyatt.com>  
 Park Hyatt Beaver Creek  
 Resort & Spa

## FLORIDA SKI ADVENTURES

Trip Application Form for **Beaver Creek/Vail, CO**  
 Saturday, **January 23, 2010** to **Saturday, January 30, 2010**

For 2010's trip we will be staying at the Park Hyatt Beaver Creek Resort and Spa in beautiful Beaver Creek, CO. The 4 ½ star Park Hyatt Beaver Creek Resort and Spa is one of Beaver Creek's premier ski-in/ski-out spa resorts just steps from the Centennial Express Lift. Outstanding amenities, tasteful shops and deluxe touches wherever you turn create an unforgettable experience at this unique luxury resort. Beaver Creek has a complimentary village-to-village shuttle and the hotel offers complimentary transportation around Beaver Creek. Mark your selection below.

**\$1,299.00 Airfare from Tampa to Beaver Creek / Eagle Airport** - per person double occupancy (pp/do)  
 7 nights at the ski-in, ski-out Park Hyatt Beaver Creek Resort & Spa, Ground Transportation, Breakfast Vouchers, Parties and Prizes

**\$969.00 Ground Only** - per person double occupancy (pp/do)  
 7 nights at the ski-in, ski-out Park Hyatt Beaver Creek Resort & Spa, Ground Transportation (if arrival and departure coincide with the main group), Breakfast Vouchers, Parties and Prizes

Other options include: **One person to a room** – or – **Three people to a room**

Call C.K. for pricing. Home (813) 920-4010 or cell (813) 323-1601

<b>EXACT Photo Identification Name *</b>	First Name or Nickname for Name Badge	American Airlines Frequent Flyer #	Will you be renting Equipment? Yes/No	<b>Birth Day</b>  <b>Month &amp; Date</b>	Skier Ability Beginner, Intermediate, Advanced or Expert	Shirt Size (S, M, L, XL, XXL)	Age if under 21 and over 10

\* Required by airline and security personnel, changes from this information could cost you \$100 or more, if not correct and clear

**Deposit \$200.00 per person** - Remaining balance in our hands by **Thursday, November 15, 2009**

Always make your checks payable to: FLORIDA SKI ADVENTURES

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

PLEASE PRINT LEGIBLY, AND KEEP A COPY FOR YOUR RECORDS

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

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

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

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

Phone: Bus: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Circle the  
Best Phone  
Number To  
Reach You**

**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**

<b><u>FSA Use Only</u></b>	
<b><u>Deposit and Signed Application:</u></b>	
<b><u>Date Recd:</u></b> _____ / _____ /09	<b><u>Ck#</u></b> _____
<b><u>Amount:</u></b> \$ _____ .00	
<b><u>Total Trip Amt Due:</u></b> \$ _____ .00	
<b><u>Balance Due:</u></b>	
<b><u>Date Recd:</u></b> _____ / _____ /09	<b><u>Ck#</u></b> _____
<b><u>Amount:</u></b> \$ _____ .00	

## RELEASE OF LIABILITY

I/we 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/we 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, fuel surcharges, airport fees or other 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. I/we fully understand that FSA is a voluntary association run by volunteers. By participating, I/we do not rely on the expertise of any officer, staff, or coordinator or the agents of any of the foregoing. I/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 I/we miss departure, I/we understand that I/we may not be able to recover any part of our trip or activity payment. I/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 electronic tickets in Tampa, Florida will be processed at curbside or counter baggage check-in.** Trip leaders will be at curbside baggage check-in at least 2 ½ hours before the scheduled departure time. 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.** Passengers must be checked in at least 45 minutes prior to departure time to have their luggage loaded onto the aircraft.

## CANCELLATION AND PRIORITY POLICIES

1. Cancellation on or after November 1, 2009 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.
2. All cancellations by participants must be in writing or Email to the trip leader and acknowledged as received by the trip leader.
3. All non-refundable airline tickets or other vouchers will be returned to canceling participant.
4. 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 **Mohit Sambhu 813-649-8002.**
5. All quoted prices are subject to any new fees, taxes or fuel surcharges imposed by airlines, hotels, motor coach services or government agencies. You will be notified by documented statement or Email of any increases.
6. Ground transportation is subject to change based on insufficient utilization which may result in additional charges.
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.**

Signature of Applicant	Date	Signature of Applicant or Parent of Minor(s)	Date
Signature of Applicant	Date	Signature of Applicant or Parent of Minor(s)	Date