

FWSA 2018 INDIA ADVENTURE TRIP REGISTRATION FORMS

October 5 to 21, 2018

Please print clearly: *The information you provide is for the exclusive use of FWSA and will not be sold for solicitation.*

Print LEGAL NAME as it appears on Passport: _____
Exact FIRST Exact MIDDLE Exact LAST

**** It is MANDATORY to SEND a BLACK/WHITE COPY OF YOUR VALID PASSPORT - Valid thru April. 21, 2019****

Mailing Address: _____ Nickname: _____

City: _____ State: _____ Zip Code: _____

PHONE: Home: (____) _____ Cell (____) _____ Work: (____) _____

Date of Birth: Mo _____ Day _____ Year _____ Male _____ Female _____

Print E-Mail Address: _____

Passport Number _____ Expiration _____

I am a MEMBER of _____ Ski Club OR a FWSA DIRECT MEMBER _____

FWSA Council (circle): Arizona, Bay Area, Central, Intermountain, Los Angeles, Orange, Northwest, San Diego, Sierra

EMERGENCY INFORMATION

*Emergency Contact – Immediate Family member **NOT ON THIS TRIP** (required for all participants):*

Name: _____ Relationship: _____

Contact Number: _____ Cell Number: _____

List Food Allergies and/or drug allergies (optional): _____

Medical Conditions (optional): _____

List Over-the-Counter/prescription drugs taken regularly (optional): _____

List any Special Dietary Needs: _____

*I have been advised that the FWSA trip package does not include travel insurance and I understand that I do have the option to purchase my own Travel Insurance. **FWSA DOES HIGHLY RECOMMEND TRAVEL INSURANCE.***

- *I am aware that I am financially responsible for myself whether or not I purchase Travel Insurance.*
- *I am aware it is my responsibility to obtain all legal documents required for travel including passports & visas.*
- *I am aware that my passport must be valid at least 6 months after return of trip (April. 21, 2019).*
- *I am aware that my passport must have two (2) blank pages.*
- *I have been advised of the CANCELLATION Policy - the deposit is completely refundable until March 1, 2018. See complete CANCELLATION Policy and associated fees listed on the documents. NO REFUNDS after July 25, 2018 unless a compatible replacement is found. There may also be a transfer fee and associated vendor/supplier fees.*
- *I am aware that my contact information will be added to the FWSA Newsflash to inform me of future FWSA trips and additional information*
- *I have received a copy of the FWSA Conduct Policy and agree to comply.*
- *I further certify that I'm a current FWSA Club or Direct member and that the information I have provided on this form is accurate*
- *I am aware that the culture of the place(s) I am visiting might not be what I am normally accustomed to in the USA.*
- *I am aware that FWSA may use images taken during this trip for marketing and promotional purposes, I authorize and hold harmless FWSA and its agents for the use of my image and I may sign an exemption form to exclude the use of my pictures being used for this purpose.*
- **NO REFUNDS for any NO-SHOWS.**

Participant Signature OR Parent/Legal Guardian for Minor

Date

CST #2036983-40