

# SKI EUROPE REGISTRATION FORM

**Payments**

- A \$500 per person deposit is needed to reserve your space.
- Final payment is due 75 days prior to departure.

**Price:**

- The price is subject to slight change based on the fluctuation of the American dollar and Euro dollar. Customers will be notified if this occurs.

**Airport Tax**

- Airport tax is included your basic package. This tax is subject to change and additional cost may be incurred

**Roommate**

- If you would like, we will attempt to find you a roommate of the same gender. To qualify, you need to request this service at least 75 days prior to your departure.

**Refund Policy**

- A space cancelled 90 days or more prior to departure forfeits \$200
- A space cancelled 61-89 days prior to departure forfeits \$300
- A space cancelled 61-89 days prior to departure forfeits \$450
- A space cancelled 30 -60 days or less from departure forfeits 100% of payments.

*Consumer Disclosure Notice:* Please read the terms and conditions carefully, as your deposit payment on a trip signifies acceptance of the and the general information contained in the brochure. These trips are arranged by Players Sports Group (PSG). It has made the travel arrangements as intermediary or agent for the transportation carriers and other suppliers (SUPS) of service connected with the tour, all of which are independent contractors. PSG in no way owns or operates the vehicles for facilities to be used during the trip, and does not guarantee performance by, or assume responsibility for the acts and/or omissions of SUPS, their employees, agents, etc. All bookings are accepted subject to the conditions imposed by SUPS, including but not limited to the airline, cruise line, rail coach, hotel, restaurants, insurance and other companies, firms or persons concerned with the holiday and PSG will make no refund in the event of their delay, cancellations, overbooking, strike, force majeure or for elements of the package not used by customer. If there is a difference between PSG Conditions and those published by a SUP, the Conditions of SUP shall apply. Price quoted is per person double occupancy. PSG reserves the right to cancel a trip, change the itinerary or adjust rates whenever in its sole judgement conditions warrant, or if PSG deems it necessary for your comfort, convenience or safety. PSG reserves the right to correct an error in the advertised price prior to your departure. You are responsible for and release PSG from passport, visa, vaccination requirements and safety conditions in travel destinations. PSG strongly recommends you purchase appropriate travel / medical insurance for the trip which is available from PSG. For medical info., call the Public Health Service at 301 / 443 - 2403; and for travel advisories State Dept at 202 / 647 - 5225. A contract is made when your reservation and payment are accepted by PSG at Chicago, IL. In calculating the cost of your trip, PSG has relied on your consent to these terms and in the absence of this release, the trip cost would have been higher. PSG phone 773 / 528 - 1999, fax 773 / 528 - 1863.

## RESERVATION FORM

**Make checks payable to:**

Players Sports Group  
3617 N. Ashland  
Chicago, IL. 60613

- Double Room  
 Single Room

\_\_\_\_\_  
Roommate's Name

Print Legal Name on Passport \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone Cell Phone Email

Emergency Contact Name \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone Cell Phone

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

**Deposit Information (check what you are paying for):**

- Ski Deposit \$ 500       Extension Deposit \$ 100       Single Room Deposit \$ 100

Total Enclosed: \$ \_\_\_\_\_

**If you do not live in Illinois**, please give us an address of where to express your tickets (if different than your home address)

Name/Business Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Number/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_