**TRAVELLER**

Name Click or tap here to enter text. RA Ski Club Click or tap here to enter text.

(*exactly as it appears on your Passport*) *Membership #*

Address L1 Click or tap here to enter text. City/Province Click or tap here to enter text.

L2 Click or tap here to enter text. Postal Code Click or tap here to enter text.

Telephone Click or tap here to enter text. Cell Click or tap here to enter text.

Email Click or tap here to enter text.

Date of Birth Choose an item. Choose an item. Choose an item.

Citizenship Click or tap here to enter text. Passport # Click or tap here to enter text.

**PACKAGE OPTIONS**

***Occupancy***

Room type: Choose an item.

***Roommate***

Sharing with: Click or tap here to enter text.

Assign a roommate:

*If you are solo, wishing to share accommodation, the Club will attempt to match you with*

*a suitable roommate. If we are unable to make a match,* ***single occupancy cost will apply.***

***Additions***

Insurance Choose an item.

***Deductions***

Skier 65-79: deduct **$ 80.00**  Skier 85+: deduct **$ 265.00**

Land only: deduct **$ 1250.00**  No lift pass: deduct **$ 560.00**

**PAYMENT DETAILS**

For your reference only: all payments will be calculated in the Voyages Gendron portal

***Package Costs***

TOTAL $ Click or tap here to enter text.

( Occupancy rate ***less*** *Deductions* ***plus*** *Optional Insurance* )

***Deposit*** Due upon Reservation $ Click or tap here to enter text.

(*10% of total, plus optional insurance*)

***Balance*** Due upon Reservation $ Click or tap here to enter text.

(*Nov 22– 70 days prior to departure*)

***Credit Card Options*** Choose an item.

**TRAVELLER INSURANCE**

**Indicate Travel Insurance choice:**

I **accept** Voyages Gendron Travel insurance and include payment with Deposit.

I **decline** Voyages Gendron Travel insurance. *You must accept the INSURANCE WAIVER* (*below*).

**Complete the following section only if declining** *Voyages Gendron* **Travel insurance**

***Insurance Waiver***

I have declined to purchase the travel and/or cancellation insurance offered in this package and

will not hold Voyages Gendron, the Trip Leader, nor the RA Ski & Outdoor Club responsible for

any expenses incurred as a result of my refusal to purchase this travel insurance.

Name: Click or tap here to enter text. *Print name* *In lieu of signature*

Date: Choose an item. Choose an item. Choose an item.

***Insurance Provider***

My alternative Travel insurance is provided through:

**TRAVEL** Insurance Company: Click or tap here to enter text.

Certificate #: Click or tap here to enter text.

24 hr phone #: Click or tap here to enter text.

**MEDICAL INFORMATION and INSURANCE**

***Health Insurance***

Health Insurance Choose an item. Other: Click or tap here to enter text.

Card Number Click or tap here to enter text.

Name on Card Click or tap here to enter text.

***Additional Medical Insurance***

**MEDICAL** Insurance Company: Click or tap here to enter text.

Certificate #: Click or tap here to enter text.

24 hr phone #: Click or tap here to enter text.

***Emergency Contacts***

Name Click or tap here to enter text. Relationship Click or tap here to enter text.

Telephone Click or tap here to enter text. Cell Click or tap here to enter text.

Email Click or tap here to enter text.

Doctor Name Click or tap here to enter text. Telephone Click or tap here to enter text.

Address Click or tap here to enter text. City/Province Click or tap here to enter text.

**Medical Conditions**

Do you suffer from any of the following:

* Epilepsy Choose an item.
* Asthma Choose an item.
* Diabetes Choose an item.
* Other? Click or tap here to enter text.

**MEDICATIONS, etc**.: Are you under any treatment which should be continued on the tour?

Choose an item.

If **YES**, please specify: Click or tap here to enter text.

*(including medications and where it will be kept during the trip i.e. pocket, toiletry kit, etc.):*

**ALLERGIES:**

* Do you have allergies to any food or medications? Choose an item.

If **YES**, please specify: Click or tap here to enter text.

* Do you carry an epi-pen? Choose an item.

If **YES**, please specify where it is kept: Click or tap here to enter text.

* Do you have any food restrictions (religious or other)? Choose an item.

If **YES**, please specify: Click or tap here to enter text.

*I am in good physical condition and able to participate in all regular activities. To the best of my knowledge, the above information is correct. However, should it become necessary, I hereby give permission to the physician approved by my insurance provider to hospitalize, or secure proper treatment for me in case of an emergency. I am aware that I am responsible for payment of all costs incurred in such emergency and assistance will not be provided by Voyages Gendron, the RA Centre, the RA Ski & Outdoor Club, or the Trip Leader.*

Name: Click or tap here to enter text. *Print name* *In lieu of signature*

Date: Choose an item. Choose an item. Choose an item.

**STATEMENT OF UNDERSTANDING of TERMS and CONDITIONS**

*The undersigned releases the RA Centre, the RA Ski & Outdoor Club and the Trip Leader for any damage or injury to person or property, however caused, arising out of or resulting from any services, sales or accommodation provided in connection with the ski trip for which this application is made.*

*I have read, understood, and agree to the Terms and Conditions of the Application form for the RA Ski & Outdoor Club Weeklong trip, as described in the Weeklong Trip Information Package. This Application form will serve as a binding agreement between this applicant and Voyages Gendron.*

Name: Click or tap here to enter text. *Print name* *In lieu of signature*

Date: Choose an item. Choose an item. Choose an item.