

Revision 2, 28 Aug. 2011



RA SKI CLUB WEEKLONG TRIP REGISTRATION PACKAGE

**WINTER PARK, COLORADO, USA
FEB. 4 - 11, 2012**

TRIP INFORMATION SESSION:

Thurs. Sept. 15, 7:00 PM, room: BYTOWN A, RA Centre

REGISTRATION OPENS:

Thurs. Sept. 22, 7:00 PM, room: COURTSIDE B, RA Centre.

REGISTRATION CLOSES:

Fri. Nov. 4, 2011

**** First-come, First-served basis ****

All registrants for single or double occupancy accepted until this date, space permitting. After this date the club will attempt to pair roommates for double occupancy requests. Those for whom roommates cannot be found will be offered the option of paying the single supplement or receiving a full refund.

Weeklong Chairs

Bill Danson: 613-521-3925, Roger Duffy: 613-826-2102

Email: weeklong_2012@raski.ca

RASKI Weeklong Ski Trip

Winter Park, Colorado, USA

Feb. 4 - 11, 2012

Terms and Conditions

COST PER PERSON:

Regular Prices

Double	\$1500
Single	\$1720
Extra for 6th day ski pass	\$40.00 (payable with trip registration only. Full-price day pass if purchased at ski hill.)
Non-skier	deduct \$185
Land only	deduct \$630
Payment by Visa or Mastercard	add \$45

Non RA Ski Members add 10%

Insurance package \$106.00 Double Occupancy (up to age 75)

\$132.00 Single Occupancy (up to age 75)

Over 75 years of age - we will get a quote from SKICAN

COST INCLUDES:

Return Air Canada flights from Ottawa - Toronto - Denver.

Transfers from the airport in Denver to Winter Park by motor coach.

7 nights accommodation at the three star Vintage Hotel

One \$15.00 food voucher for each day at Winter Park owned Restaurants (which may be used at either of breakfast, lunch, or dinner.).

5 day ski pass valid over a 6 day period at Winter Park.

All service charges, including **current** fuel surcharge and taxes.

NOT INCLUDED:

Meals,

Increases in taxes

Increase in fuel surcharges

or any other items not specifically mentioned in the inclusions.

CONDITIONS OF THE TOUR

1. REGISTRATION PROCEDURES

- ◆ Registration is on a first-come, first-served basis.
- ◆ Registration opens on Thursday, Sept. 22nd at 7:00 PM in the COURTSIDE B room, RA Centre.
- ◆ From Sept. 23rd to Nov. 2nd, completed applications will be accepted at the RA Centre east wing desk, along with two cheques payable to Skican Limited, in an envelope marked “To attention of Weeklong Chairs – BILL DANSON or Roger Duffy.”
- ◆ Insurance purchase **must** be indicated and paid for at the time of registration and is highly recommended. If you do not wish to purchase the insurance, you must sign the insurance waiver included with the Tour Registration Form. Purchase of travel insurance is not required, but is strongly recommended. **Provincial medical insurance card may not be accepted, and emergency evacuations or other costs may not be covered. Participants will be required to provide payment on site for any medical costs incurred. The RA Centre, trip leader and Skican will not be responsible any such expenses. (It is recommended to bring a credit card).**
- ◆ The Client Information Forms and Statement of Understanding Form enclosed **must** also be completed and returned along with the Application. The information on this form will be kept confidential at all times. Distribution of this information will be limited to the trip leader and RA officials. Information will be destroyed when no longer needed.

2. PAYMENT SCHEDULE

- ◆ Initial deposit of \$500.00 per person, plus insurance (recommended), plus \$40 for the sixth-day ski-pass (if requested), dated registration date.
- ◆ Balance by cheque, post-dated December 9, 2011.
- ◆ Aeroplan points may be available at check in. The name on your registration form, passport, ticket and Aeroplan card must match.
- ◆ Mastercard or Visa are ACCEPTED FOR AN ADDITIONAL CHARGE OF \$45.00.

3. RULES FOR CANCELLATION

- ◆ The deposits and insurance are not refundable. To cancel between 44 and 33 days prior to departure, there is a fee of \$800.00 plus your single supplement, and from 32 days prior to departure, it is the full cost of the trip. If the suggested insurance is not purchased, there will be no refunds, either before or after departure, and you must be refunded by you own insurance.
- ◆ Should you have to cancel your trip, you must notify us immediately.
- ◆ The reason for cancellation must comply with the conditions of the insurance in order for payments to be refundable.

- ◆ We cannot give any allowance or refund for meals, rooms, etc., not taken when these are included in the price of the tour.

4. SUGGESTED INSURANCE

Skican's Insurance can only be purchased at the time of the initial deposit. The cost of insurance is subject to increase without notice. *All claims must be subject to the conditions of the policy.*

COMPREHENSIVE INSURANCE provides coverage both before and during your holiday and in addition to emergency medical coverage, protects travelers against unexpected costs such as lost baggage, lost or damaged ski equipment, and emergency transportation expenses in the event that you are required to return home earlier than expected. Please review the information below regarding coverage and some FAQ's.

INSURANCE HIGHLIGHTS *

Cancellation - up to amount insured
Missed flight - economy fare
Upgrade - unlimited
Accidental Death/Dismemberment - \$10,000.00
Emergency Medical - \$2,000,000.00
Trip Interruption - Economy airfare
Unused Land Portion - Amount insured
Missed Connection - Economy airfare
Baggage/Ski Gear - \$3,000.00
Baggage/Ski Gear Delay - \$300.00

INSURANCE PREMIUM - For 8 days, \$106.00 for double occupancy and \$132.00 for single occupancy for up to and including age 75. Over age 75, Skican will provide a quote. Premiums are non-refundable. For extended trips, add \$10.00 per person for every 2 days (in this case, does not cover additional side trips, accommodations, etc. between end of scheduled trip and your return home but covers your flight home as arranged by Skican Limited.)

* This coverage excludes any loss resulting from medical consultation, prescriptions, medication, medical treatment or hospitalization during the 180 days immediately preceding the effective date. Be sure you are not traveling against doctor's orders and do not have any reason to expect medical treatment.

5. DECLINING THE INSURANCE

If you elect to decline the Cancellation / Medical Insurance offered by Skican because you have alternative Medical coverage, you must sign the waiver on the registration form, acknowledging acceptance of any and all expenses incurred. You will need to indicate the name of the provider of your alternate insurance eg. Blue Cross, coverage on a credit card such as American Express etc.

Ensure your alternative coverage includes mountain evacuation in case of a serious medical emergency.

6. ADDITIONAL CONDITIONS

- The prices quoted in this proposal are valid provided there are a minimum of 20 paying passengers. When our quota is filled, quoted prices cannot be guaranteed for any additional participants.
- When and if the trip is fully booked, additional space will be subject to hotel and seat availability, as well as an even number of same-sex configuration or couples for rooms. (An individual may elect to absorb the single supplement fee or receive full refund if there is no suitable roommate.)
- All applicable taxes in effect at the time of this agreement have been included in the package price. However, Skican reserves the right to adjust the package price in the event of cost increases such as fuel, new departure taxes, etc. Any cost increases must be absorbed by trip registrants.
- A \$50.00 charge will apply for air deviation from group-blocked air seats, and changes can only be made on the return date. The number of persons who may make a change on the return date is limited, and will be permitted on a first-come, first-served basis. You must indicate this deviation when you register. Please contact the trip leader.
- Passengers with special meal requirements/allergies are requested to indicate them in writing on the Client Information form:
 - Vegetarian/Non-Vegetarian
 - Muslim or Kosher
 - Diabetic
 - Dairy/Non-dairy
 - Fish or meat
 - Low Sodium/Gluten free
- It is the responsibility of the individual concerned to ensure that the meal does not contain any ingredient that may be allergic to his/her metabolism.

7. TRAVELLERS' IDENTIFICATION RESPONSIBILITIES

- **A PASSPORT VALID FOR 6 MONTHS AFTER RETURN DATE IS REQUIRED.**
- **THE NAME ON YOUR PASSPORT MUST MATCH THE NAME ON YOUR REGISTRATION FORM, which is what will appear on your AIRLINE TICKET.**
- This is passenger's responsibility. (Must also match name on Aeroplan card if wishing to claim points). There is a \$75 fee for corrections to your ticket.

8. SKICAN POLICY

- Skican undertakes to arrange the services referred to in this agreement whenever possible but in the event Skican should find it necessary to do so, they will arrange alternative services for comparable quality. With respect to services provided, Skican acts only as agents for carriers, hotels, ski areas and other suppliers and to that extent this contract takes effect as between the participants and suppliers of these services, particulars of which Skican undertakes to provide for the participant on request. In selecting resort destinations, Skican chooses resorts which

historically, have long and reliable ski seasons, however Skican accepts no responsibility for actual weather and skiing conditions at time of travel.

- Skican accepts no responsibility for the consequences of any events beyond its control, including but not limiting to strikes, lockouts, government action and weather. In the event Skican finds it necessary to cancel a holiday, Skican's liability will be limited to the refund of all monies paid by the participant.
- Skican accepts no responsibility for mechanical difficulties, delays, or missed flight connections due to such difficulties or delays, arising from the transportation services provided including motorcoaches, flight time changes or day of departure changes by Skican or the airline involved, nor for flights missed because of connecting flights delayed due to weather, mechanical difficulties or other causes.

TOUR REGISTRATION FORM

RA SKI TRIP TO WINTER PARK, COLORADO, USA, FEB. 4 - 11, 2012

Name: _____
(exactly as it appears on your passport)

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Home): _____ (Work): _____

Fax number: _____ E-mail: _____

Date of birth: _____

Citizenship: _____ Photo ID for boarding: _____

Please indicate:

- Double room*. Sharing with: _____
* If you do not have a pre-arranged roommate, the club will attempt to find one for you.
This may not be possible in all cases.
- Single room - **subject to availability only**
- Smoking (if available)
- Non-smoking

Insurance: I accept Skican's insurance and include payment of \$106.00 (double) or \$132.00 (single)
 I decline Skican's insurance. **PLEASE SIGN WAIVER BELOW.**

Payment Info:

• **CHEQUES**

Please make cheques payable to **SKICAN LIMITED (to be given upon registration)**

- **1st deposit dated on registration date \$500.00 + insurance + optional 6th-day ski pass**
\$ _____
- **2nd payment – balance dated December 19, 2011**
\$ _____

• **CREDIT CARDS**

Select your credit card company. The entire amount must be paid on registration, including \$45.00 credit card fee.

I authorize Visa Mastercard

to charge the amount of \$ _____

Card number _____ Expiry date _____.

Name as it appears on credit card: _____

I understand the conditions, responsibilities and expectations as printed.

Signature: _____ Date: _____

INSURANCE WAIVER

RA SKI TRIP TO WINTER PARK, COLORADO, USA, FEB. 4 - 11, 2012

This portion to be completed only if SKICAN TOUR INSURANCE IS NOT DESIRED:

I have declined to purchase travel insurance offered by SKICAN. I will not hold SKICAN LIMITED or RA SKI CLUB responsible for any expenses incurred as a result of my refusal to purchase travel insurance.

My alternate insurance is provided through _____

Signature: _____ Date: _____

CLIENT INFORMATION FORM

RASKI TRIP TO WINTER PARK, COLORADO – FEB. 4 -11, 2012

MEDICAL INFORMATION:

1. Name: _____

2. Health Insurance Number (OHIP or other): _____

3. Person to be notified in case of an emergency: _____

Relationship: _____ Address: _____

Telephone (Res.) _____ (Bus.) _____

4. Do you suffer from any of the following:	Epilepsy	Yes ()	No ()
	Asthma	Yes ()	No ()
	Diabetes	Yes ()	No ()

5. Are you under any treatment which should be continued on the tour? Yes () No ()

If yes, please specify (including medications): _____

6. Do you have allergies to any food or medications? Please specify: _____

Do you carry an epipen? Yes () No ()

7. Do you have any food restrictions (religious or other)? Please specify:

8. Doctor's name: _____

Address: _____ Telephone: _____

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 selected by the Group Leader 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 Skican, the RA Centre or the trip leader.

Signature: _____ Date: _____

RASKI WEEKLONG TRIP
Winter Park, Colorado USA
Feb. 4 - 11, 2012

**STATEMENT OF UNDERSTANDING OF TERMS AND
CONDITIONS**

I have read and I agree with the Terms and Conditions of the 2012 RA Ski Weeklong trip to Winter Park, Colorado, USA attached herewith.

The undersigned releases the RA Centre and RA Ski Club 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.

Signature of Registrant _____

Name – Please Print _____

Date _____

E-mail address _____

Home Phone Number _____

Work Phone Number _____

Cell – Other Number _____