



Sitzmark Ski & Social Club Trip Registration Form

5 Countries w/ Passion Play, September 16 - 30, 2022

Positive limit at 32

Revised 3/15/21

After the trip fills, a wait list will be established by date received.
A deposit is not required to be on the wait list.

PERSONAL INFORMATION, will be kept confidential

Name (exactly as it appears on your passport) _____

Date of birth (xx/xx/xxxx) _____ Male Female Shirt size (men's scale) _____

Address _____

City _____ State: _____ Zip: _____

Email: _____

Phone: (H) _____ (W) _____ (C) _____

Known Traveler no. (if you have one) _____

Passport no.(req'd) _____ Expiration date: _____

Special requirements _____

PREFERENCES

All rooms booked are non-smoking

Roommate preference _____ Male Female 1 Double/Queen Bed 2 Double/Queen Beds

Book me for complete package trip. Cost \$TBD Send a quote for trip insurance

Book me for hotel single occupancy, cost TBD (doubles only during our stay at the Passion Play on September 19, 20)

Book me for land only. Cost \$TBD

Final pricing on this trip will be available after we contract with the airlines in November

We need to know this option to arrange bookings with the airlines

Trip options and extensions

I will be returning home from (check one) Prague (full package) Salzburg Munich other _____

I would like to extend to Venice Italy Slovenia/Croatia Poland other _____

PAYMENT SCHEDULE

Enclosed is my deposit check for \$500.00 to hold my spot.

2nd payment, \$TBD, will be due on, or before September 1, 2021 when the final payment to the Passion Play will be due, followed by the deposit to the airlines.

3rd & 4th payments TBD

Send your checks,

Full refund if canceling by November 1, 2021.

payable to "SITZMARK" to:

John Olson, 4421 47th Ave. S., Minneapolis, MN 55406-3622

Check one: I am a current member of the Sitzmark Ski and Social Club

I am a current member of this MSC affiliated Club: _____

I have read the Sitzmark's Cancellation, refund and wait list policy and agree to its provisions. I am aware of the risks involved while participating in a Sitzmark sponsored event and will not hold Sitzmark Ski & Social Club of Minnesota responsible for any injuries or loss of property incurred.

Signed: _____ Date: _____ (copy and retain for your records)

Emergency Contact

Name: _____ Relation: _____ Phone: _____

Medical Insurance: _____ Company Name: _____ Policy no.: _____

TRIP CHAIRS:

Dennis Sherwood, Tour Operator: 952-239-9954, dennis@hometechniques.com

John "Gopher" Olson, Purser: 612-385-5646, johnskiier@yahoo.com