

USAG Rheinland-Pfalz Family and MWR Outdoor Recreation
Community Family and Morale, Welfare and Recreation

ICELAND - NOV 2025
AIR TRAVEL REGISTRATION PACKAGE

Instructions: This form must be filled out and delivered **ELECTRONICALLY** to Kaiserslautern Outdoor Recreation before payment can be processed.

HAND WRITTEN OR HAND DELIVERED PASSPORT FORMS (PAGE 3) CAN NOT BE ACCEPTED BY KAISERSLAUTERN OUTDOOR RECREATION

Page 1 - Payment Agreement - ONLY REQUIRED IF PAYMENT PLAN IS BEING USED

- A) Fill in **your name** in the first paragraph and signature blocks.
- B) Fill in the **number of spaces** requested.
- C) Unless you are making payment in full, **Leave Total price of The Trip and Deposit amount blank**. They will be filled in by ODR when you make your initial payment.
 - i) **If you are paying in full**, note the total price of the trip and leave the deposit amount blank.
 - a) This will be noted and the payment schedule and the section describing **non-refundable deposits will not apply to you**.
- D) Date and sign page 1.

Page 2 - Registration form - **REQUIRED FOR ALL PARTICIPANTS, REGARDLESS OF AGE**

- A) Fill in each passenger's travel document information, which **must match your passport exactly**. Each entry is **mandatory for the first passenger**.
 - i) Last name, First name and Middle Name/Initial matching your passport
 - ii) Date of Birth (Month/Day/4 digit year)
 - iii) Sex
 - iv) email address
 - a) At least **one valid official email address is required**. You may include additional email addresses on lower entries
 - v) Cell phone number
 - a) At least **one valid cell phone number is required**. DSN or landline phone numbers may be entered on lower entries

B) Each passenger, regardless of age, requires their own entry in the form.

C) This form will be submitted to the airline for ticketing. Any name change fees caused by incorrect entries onto this form **will be the responsibility of the customer and must be settled at the airport before your boarding pass will be issued**. **HAND WRITTEN FORMS WILL NOT BE ACCEPTED** by the airline or vendor.

Scan the signed and completed form and email it to marcus.j.philipp.naf@army.mil and wayne.e.doornbos.naf@army.mil

DO NOT PRINT AND HAND DELIVER YOUR FORMS.

Cc: a copy to jason.c.proctor2.naf@army.mil

When your form is received by ODR, you will be contacted for payment.



USAG Rheinland-Pfalz Family and MWR Outdoor Recreation
Community Family and Morale, Welfare and Recreation

PAYMENT AGREEMENT

This Agreement, (hereafter referred to as the "Agreement") is made and entered into by and between the USAG Rheinland-Pfalz Outdoor Recreation Division, a section of Community Family and Morale, Welfare and Recreation Fund (hereafter referred to as Outdoor Recreation) and _____ (hereafter referred to as "Customer").

Outdoor Recreation agrees to accept payments for _____ spaces on **Iceland - Nov 2025** (hereafter referred to as "The Trip" from Customer. Total price of The Trip is \$_____.

In exchange for the privilege of making payments on the trip, Customer agrees to make a non-refundable deposit in the amount of \$_____ (50% of total trip price). Customer agrees that this deposit shall be forfeited in the event of a customer initiated cancellation for any reason. In the event of real-world or military necessity, Outdoor Recreation reserves the right to consider granting the customer a partial refund of their deposit, after all 3rd party cancellation fees are paid.

3rd Party Cancellation Fees: Certain fees are charged by 3rd parties in the event of a cancellation after the trip departure has been confirmed by Outdoor Recreation. Examples include but are not limited to name change fees assessed by airlines after ticketing has occurred and cancellation fees by hotels or other vendors. Customer agrees that these fees will be deducted from any refund issued by Outdoor Recreation regardless of the reason for customer cancellation, including military necessity or deployment.

Travel Insurance: Due to the non-refundable nature of 3rd party fees, Outdoor Recreation advises customer to purchase travel insurance from a licensed provider such as ADAC or USAA.

Payment Schedule: This agreement is entered into with a non-refundable deposit by Customer against the total price of The Trip. Customer agrees to make scheduled payments applied to the remaining balance due.

- 50% of total trip price shall be paid **upon registration**
- 75% of total trip price shall be paid not later than **Thursday, July 10**
- 100% of total trip price shall be paid not later than **Friday, August 29**

Cancellation Fees.

- **10% cancellation fee for all cancellations made on or prior to Wednesday, September 3**
- **60% cancellation fee for all cancellations made on or after Thursday, September 4**
- **80% cancellation fee for all cancellations made on or after Tuesday, September 23**
- **95% cancellation fee for all cancellations made on or after Thursday, October 16**
- **100% cancellation fee for all cancellations made on or after Friday, October 31**

• **In the event that a customer cancellation results in a fee charged to Outdoor Recreation, regardless of the date of or reason for that cancellation, the total sum of those fees will be passed along to the customer.**

Entire Agreement. This Agreement contains the entire understanding between the parties hereto relating to the subject matter contained herein and supersedes any and all prior agreements, arrangements, communications, or representations, whether oral or written. This Agreement may not be amended, altered, modified or changed except by a written addendum signed by all parties hereto.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed this day of _____, 20_____.

Customer Name: _____ Customer Signature: _____

Staff Name: _____ Staff Signature: _____

THIS FORM MUST BE FILLED OUT ELECTRONICALLY - HAND WRITTEN FORMS WILL NOT BE ACCEPTED
ENTER YOUR INFORMATION EXACTLY AS IT APPEARS ON YOUR PASSPORT. DO NOT USE NUMBERS TO REPRESENT
THE MONTH OF BIRTH.
DO NOT INCLUDE YOUR SSN OR PLACE OF BIRTH.
DO NOT REMOVE THE REDACTED AREAS OF THE FORM.

1. Name Last		USE BLOCK CAPITAL LETTERS	
First	Middle		
2. Date of Birth (mm/dd/yyyy)		3. Sex	Birthdate must be MMM/DD/YYYY format. (i.e. JAN/01/1999)
		M F	
Month, Day, Year		6. Email Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number

Passenger 2 information

1. Name Last		DO NOT ABBREVIATE BIRTH MONTH TO NUMBERS	
First	Middle		
2. Date of Birth (mm/dd/yyyy)		3. Sex	Birthdate must be MMM/DD/YYYY format. (i.e. JAN/01/1999)
		M F	
Month, Day, Year		6. Email Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number

Passenger 3 information

1. Name Last		USE BLOCK CAPITAL LETTERS	
First	Middle		
2. Date of Birth (mm/dd/yyyy)		3. Sex	Birthdate must be MMM/DD/YYYY format. (i.e. JAN/01/1999)
		M F	
Month, Day, Year		6. Email Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number

Passenger 4 information

1. Name Last		DO NOT ABBREVIATE BIRTH MONTH TO NUMBERS	
First	Middle		
2. Date of Birth (mm/dd/yyyy)		3. Sex	Birthdate must be MMM/DD/YYYY format. (i.e. JAN/01/1999)
		M F	
Month, Day, Year		6. Email Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number