USAG Rheinland-Pfalz Family and MWR Outdoor Recreation

Community Family and Morale, Welfare and Recreation

VETERANS DAY 2017 ICELAND - BY AIR REGISTRATION PACKAGE

Instructions: This form must be filled out by the customer and returned to Kaiserslautern Outdoor Recreation in person or by email to Kaiserslautern Outdoor Recreation within 48 hours or your reservation will be automatically cancelled.

This form may be filled out electronically (preferred) but must be printed, initialed and signed by the customer in blue or black ink. Alternatively, it may be filled out in **BLOCK CAPITAL LETTERS** in blue or black ink.

Page 1 - Payment Agreement

- 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

- A) In **BLOCK CAPITAL LETTERS** 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 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.

Scan the signed and completed form and email it to marcus.j.philipp.naf@mail.mil and cody.r.puckett.naf@mail.mil or hand deliver it to Outdoor Recreation, Pulaski Barracks, bldg. 2905 during normal business hours.

Cc: a copy to <u>iason.c.proctor2.naf@mail.mil</u>

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



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

PAYMENT AGREEMENT

This Agreement, (hereafter referred to as the "Agreement") is made and entered into by and be USAG Rheinland-Pfalz Outdoor Recreation Division, a section of Community Family and Morale, W Recreation Fund (hereafter referred to as Outdoor Recreation) (hereafter referred to as "Customer").	elfare and
Outdoor Recreation agrees to accept payments for spaces on <u>lceland - 9-13 Novem</u> (hereafter referred to as "The Trip" from Customer. Total price of The Trip is \$	ber, 2017
In exchange for the privilege of making payments on the trip, Customer agrees to make a non-deposit in the amount of \$\) (25% of total trip price). Customer agrees that this deposit for feited in the event of a customer initiated cancellation for any reason. In the event of real-world necessity, Outdoor Recreation reserves the right to consider granting the customer a partial refund of the after all 3 rd party cancellation fees are paid.	osit shall be or military
<u>3rd Party Cancellation Fees</u> : Certain fees are charged by 3 rd parties in the event of a cancellation aft departure has been confirmed by Outdoor Recreation. Examples include but are not limited to name chassessed by airlines after ticketing has occurred and cancellation fees by hotels or other vendors. Custor that these fees will be deducted from any refund issued by Outdoor Recreation regardless of the reason fo cancellation, including military necessity or deployment.	hange fees mer agrees
<u>Travel Insurance</u> : Due to the non-refundable nature of 3rd party fees, Outdoor Recreation advises cupurchase travel insurance from a licensed provider such as ADAC or USAA.	ustomer to
<u>Payment Schedule.</u> : This agreement is entered into with a non-refundable deposit by Customer against price of The Trip. Customer agrees to make scheduled payments applied to the remaining balance due	
 25% of total trip price shall be paid not later than <u>Friday, 10 February, 2017</u> 50% of total trip price shall be paid not later than <u>Thursday, 10 May, 2017</u> 100% of total trip price shall be paid not later than <u>Friday, 11 August, 2017</u> 	
<u>Cancellation Fees.</u> In the event of cancellation initiated by Customer, or failure by Customer to mappyments as scheduled, Outdoor Recreation reserves the right to pro-actively cancel Customer's reservassess the following cancellation fees. Cancellation of The Trip in its entirety by Outdoor Recreation sharefundable.	vation and
 Customer cancellations shall result in a minimum cancellation penalty of the loss of deposit. Total cancellation penalties shall be calculated at the time of customer cancellation and shall in minimum, all 3rd party cancellation fees and standard ODR cancellation fee based upon the cancellation. 	
Entire Agreement. This Agreement contains the entire understanding between the parties hereto relatively subject matter contained herein and supersedes any and all prior agreements, arrangements, commor representations, whether oral or written. This Agreement may not be amended, altered, modified except by a written addendum signed by all parties hereto.	iunications,
IN WITNESS WHEREOF , the parties hereto have caused this Agreement to be executed this of, 20	day
Customer Name: Customer Signature:	<u>.</u>
Staff Name: Staff Signature:	

Passenger 1 Information - Must match your passport exactly.

This form will be submitted to the airline exactly as you enter it. If it does not match your passport exactly, you will be responsible for any name change fees or other legal or financial consequences incurred by you at the airport.

1. Name Last		
First	Middle	
	mission in the second s	
2. Date of Birth (mm/dd/yyyy)	3. Sex 4. Place of Birth (City & State if in the U.S	., or City & Country as it is presently known.)
	M F	, ,
5. Social Security Number	6. Email Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number
Month, Day, Year		
Passenger 2 information		
1. Name Last		
First	Middle	
2. Date of Birth (mm/dd/yyyy)		S., or City & Country as it is presently known.)
	M F	
5. Social Security Number	6. Email Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number
Month, Day, Year		
Passenger 3 information		
1. Name Last		
First	Middle	
2. Date of Birth (mm/dd/yyyy)		S., or City & Country as it is presently known.)
	M F	
5. Social Security Number	6. Email Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number
Month, Day, Year		
Passenger 4 information		
1. Name Last		
First	Middle	
2. Date of Birth (mm/dd/yyyy)	3. Sex 4. Place of Birth (City & State if in the U.	S., or City & Country as it is presently known.)
	M F	
5. Social Security Number	6. Email Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number
Month, Day, Year		