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

CANARY ISLANDS - NOVEMBER 2025 AIR TRAVEL REGISTRATION PACKAGE

Instructions: This form must be filled out **electro**nically by the customer and returned to Kaiserslautern Outdoor Recreation in person or by email to Kaiserslautern Outdoor Recreation before payment can be processed.

Airlines will no longer accept hand written or illegible forms.

Page 1 - NOT REQUIRED IF PAYMENT WILL BE MADE IN FULL - 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 - REQUIRED FOR ALL PASSENGERS - Registration form

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 IN LETTER FORMAT/Day/4 digit year)
- iii) Sex listed on your passport
- 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. Hand written forms will no longer 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 or print and hand deliver it to Outdoor Recreation, Pulaski Barracks, bldg. 2905 during normal business hours.

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

USAG Rheinland-Pfalz Outdoor Recreation Division Recreation Fund (hereafter referr	the "Agreement") is made and entered into by and between the on, a section of Community Family and Morale, Welfare and red to as Outdoor Recreation) and eferred to as "Customer").
Outdoor Recreation agrees to accept pay (hereafter referred to as "The Trip"	yments for spaces on <u>Canary Islands - Nov. 2025</u> ' from Customer. Total price of The Trip is \$
deposit in the amount of $\frac{\$}{}$ (50% forfeited in the event of a customer initiated can	ayments on the trip, Customer agrees to make a non-refundable 6_ of total trip price). Customer agrees that this deposit shall be cellation for any reason. In the event of real-world or military consider granting the customer a partial refund of their deposit,
departure has been confirmed by Outdoor Recrea assessed by airlines after ticketing has occurred an	harged by 3 rd parties in the event of a cancellation after the trip ation. Examples include but are not limited to name change fees and cancellation fees by hotels or other vendors. Customer agrees are by Outdoor Recreation regardless of the reason for customer ment.
<u>Travel Insurance</u> : Due to the non-refundable na purchase travel insurance from a licensed provider s	ature of 3rd party fees, Outdoor Recreation advises customer to such as ADAC or USAA.
	•
• 100% of total trip price shall be paid not la	
payments as scheduled, Outdoor Recreation reservances the following cancellation fees. Cancellation	initiated by Customer, or failure by Customer to make timely rves the right to pro-actively cancel Customer's reservation and on of The Trip in its entirety by Outdoor Recreation shall be fully
 55% cancellation fee for all cancella 75% cancellation fee for all cancella 85% cancellation fee for all cancella 	ntions made on or prior to Wednesday, September 17 ntions made on or after Thursday, September 18 ntions made on or after Friday, October 24 ntions made on or after Tuesday, November 4 lations made on or after Tuesday, November 11
	lation results in a fee charged to Outdoor Recreation, regardless of ellation, the total sum of those fees will be charged to the customer.
the subject matter contained herein and	e entire understanding between the parties hereto relating to supersedes any and all prior agreements, arrangements, oral or written. This Agreement may not be amended, altered, adum signed by all parties hereto.
IN WITNESS WHEREOF, the partiday of, 20	ies hereto have caused this Agreement to be executed this
Customer Name:	Customer Signature:
ClaffNlana	C. II.C.

THIS FORM MUST BE TYPED OR DIGITALLY FILLED.

ENTER YOUR INFORMATION EXACTLY AS IT APPEARS ON YOUR PASSPORT.

<u>DO NOT USE NUMBERS</u> TO REPRESENT THE MONTH OF BIRTH.

DO NOT INCLUDE YOUR SSN, PLACE OF BIRTH OR ANY OTHER NON-REQUESTED PII

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 M F Birthdate must be MMM/DD/	YYYY format. (i.e. JAN/01/1999)
Month, Day, Year	6. Email Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number
Passenger 2 information		
1. Name Last		
I. Name Last		DO NOT ABBREVIATE BIRTH MONTH TO NUMBERS
First	Middle	
2. Date of Birth (mm/dd/yyyy)	3. Sex M F Birthdate must be MMM/DD/	YYYY format. (i.e. JAN/01/1999)
	6. Email Address (e.g., my email@domain.com)	7. Primary Contact Phone Number
Month, Day, Year	, , , , , , , , , , , , , , , , , , ,	
Passenger 3 information		
1. Name Last		USE BLOCK CAPITAL
		LETTERS
First	Middle	
2. Date of Birth (mm/dd/yyyy)	3. Sex	
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	6. Email Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number
Month, Day, Year		
Passenger 4 information		
1. Name Last		
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First	Middle	
2. Date of Birth (mm/dd/yyyy)	3. Sex	^^^^/
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Month, Day, Year	6. Email Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number