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

Iceland - Feb 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

	hereafter referred to as the ", utdoor Recreation Division, a (hereafter referred (hereafter referr	section of Comn to as	nunity Family an Outdoor	
Outdoor Recreation	on agrees to accept paymer	its for space	s on Iceland - F	eb 2025
(hereafter	referred to as "The Trip" fror	n Customer. Total p	rice of The Trip is	; \$
deposit in the amount of start forfeited in the event of	ne privilege of making payme (<u>50%</u> o a customer initiated cancella ation reserves the right to con on fees are paid.	f total trip price). C tion for any reasor	fustomer agrees and the event	that this deposit shall be of real-world or military
departure has been confined assessed by airlines after that these fees will be ded	ees: Certain fees are charg rmed by Outdoor Recreation. ticketing has occurred and ca ucted from any refund issued itary necessity or deployment.	Examples include ncellation fees by h by Outdoor Recreat	but are not limite otels or other ve	ed to name change fees ndors. Customer agrees
	o the non-refundable nature from a licensed provider such	· · · · · · · · · · · · · · · · · · ·	Outdoor Recreat	ion advises customer to
	s agreement is entered into o			
• <u>75%</u> of total trip p	orice shall be paid <u>upon regist</u> orice shall be paid not later tha opprice shall be paid not later that	n Tuesday, Octobe i		
•	10% cancellation fee for all a 20% cancellation fee for all a 35% cancellation fee for all a 50% cancellation fee for all a 80% cancellation fee for all a 100% cancellation fee for all a 1000% cancellation fee for all a 1000% cancellation fee for a 1000% cancellation fee for all a 1000	cancellations made cancellations made cancellations made cancellations made cancellations made	on or after Satur on or after Tuesc on or after Mond on or after Wedi on or after Wedi	day, November 9 day, December 10 day, January 13 nesday, January 22 nesday, January 29
	ustomer cancellation results in or reason for the cancellation, customer.			
the subject matter communications, or re	Agreement contains the ent contained herein and sup epresentations, whether oral except by a written addendum	ersedes any and or written. This Ag	all prior agre reement may no	ements, arrangements
IN WITNESS W	HEREOF, the parties b	nereto have cause	d this Agreeme	nt to be executed this
Customer Name:		Customer Signatur	e:	<u>.</u>
C: (())		ر، _{ال} رن، ،		

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)		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		DO NOT ABBREVIATE
		BIRTH MONTH TO NUMBERS
First	Middle	
2. Date of Birth (mm/dd/yyyy)	2 6	
z. 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 I ETTERS
	Middle	USE BLOCK CAPITAL LETTERS
First	Middle	
	3. Sex	LETTERS
First	3. Sex M F Birthdate must be MMM/DD.	LETTERS /YYYY format. (i.e. JAN/01/1999)
First	3. Sex	LETTERS /YYYY format. (i.e. JAN/01/1999)
First 2. Date of Birth (mm/dd/yyyy)	3. Sex M F Birthdate must be MMM/DD.	LETTERS /YYYY format. (i.e. JAN/01/1999)
First 2. Date of Birth (mm/dd/yyyy) Month, Day, Year	3. Sex M F Birthdate must be MMM/DD.	LETTERS /YYYY format. (i.e. JAN/01/1999) 7. Primary Contact Phone Number
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