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

## BALTIC SEA CAPITALS - 17-24 DECEMBER 2022 AIR TRAVEL 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 before payment can be processed.

This form may be filled out electronically (preferred) or 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 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 kerri.a.schmitt.naf@mail.mil or hand deliver it to Outdoor Recreation, Pulaski Barracks, bldg. 2905 during normal business hours.

Cc: a copy to <a href="mailto:iason.c.proctor2.naf@mail.mil">iason.c.proctor2.naf@mail.mil</a>

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 _Baltic Sea Capitals
<u>Dec 17-24, 2022</u> (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 militar 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.
<u>3rd Party Cancellation Fees</u> : Certain fees are charged by 3 <sup>rd</sup> 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 fee assessed by airlines after ticketing has occurred and cancellation fees by hotels or other vendors. Customer agree that these fees will be deducted from any refund issued by Outdoor Recreation regardless of the reason for custome cancellation, including military necessity or deployment.
<u>Travel Insurance</u> : 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.
<u>Payment Schedule.</u> : 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.
<ul> <li>50% of total trip price shall be paid upon registration</li> <li>75% of total trip price shall be paid not later than 1 July, 2022</li> <li>100% of total trip price shall be paid not later than 1 September, 2022</li> </ul>
<u>Cancellation Fees.</u> In the event of cancellation initiated by Customer, or failure by Customer to make timely payments as scheduled, Outdoor Recreation reserves the right to pro-actively cancel Customer's reservation and assess the following cancellation fees. Cancellation of The Trip in its entirety by Outdoor Recreation shall be full refundable.
<ul> <li>Customer cancellations shall result in a minimum cancellation penalty of the loss of deposit.</li> <li>Total cancellation penalties shall be calculated at the time of customer cancellation and shall include at minimum, all 3rd party cancellation fees and standard ODR cancellation fee based upon the time cancellation.</li> </ul>
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 information will be submitted to the airline exactly as you write it and will not be edited in any way by ODR. It must match your passport exactly. You may be responsible to pay additional supplements at the airport if changes to names or birth date must be made at the ticketing gate to make your ticket match your passport. Birthdate must be written in the format of MMM/DD/YYYY (i.e. JAN 01 1999). DO NOT USE THE "03/07/1999" format for writing birth dates.

1. Name Last			USE BLOCK CAPITAL
			LETTERS
First		Middle	EETTERS
Tilst		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	Birthdate must be MMM/DD/	YYYY format. (i.e. JAN/01/1999)
5. Social Security Number	6. Email	Address (e.g., my email@domain.com)	7. Primary Contact Phone Number
	o. Eman	Address (e.g., my_eman@doman.som)	7.1 Timary Contact Thone Humber
Month, Day, Year			
Passenger 2 information			
1. Name Last			DO NOT ABBREVIATE
			BIRTH MONTH TO NUMBERS
First		Middle	DIKTIMOTTI TO TOMBERO
		midde	
2. Date of Birth (mm/dd/yyyy)	3. Sex	, ,	.S., or City & Country as it is presently known.)
	M F	Birthdate must be MMM/DD/	YYYY format. (i.e. JAN/01/1999)
5. Social Security Number	6. Emai	Address (e.g., my_email@domain.com)	7. Primary Contact Phone Number
Month, Day, Year			
William, Day, Tear			
Daccongor 2 information			
Passenger 3 information			
rassenger s information			
1. Name Last			USE BLOCK CAPITAL
			USE BLOCK CAPITAL LETTERS
		Middle	USE BLOCK CAPITAL LETTERS
1. Name Last		Middle	
1. Name Last First			LETTERS
1. Name Last	3. Sex	4. Place of Birth (City & State if in the U	LETTERS  I.S., or City & Country as it is presently known.)
1. Name Last First		4. Place of Birth (City & State if in the U	LETTERS
1. Name Last First	M F	4. Place of Birth (City & State if in the U	LETTERS  I.S., or City & Country as it is presently known.)
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number	M F	4. Place of Birth (City & State if in the U Birthdate must be MMM/DD	LETTERS  I.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)	M F	4. Place of Birth (City & State if in the U Birthdate must be MMM/DD	LETTERS  I.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number	M F	4. Place of Birth (City & State if in the U Birthdate must be MMM/DD	LETTERS  I.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number  Month, Day, Year  Passenger 4 information	M F	4. Place of Birth (City & State if in the U Birthdate must be MMM/DD	LETTERS  I.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number  Month, Day, Year	M F	4. Place of Birth (City & State if in the U Birthdate must be MMM/DD	LETTERS  J.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)  7. Primary Contact Phone Number
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number  Month, Day, Year  Passenger 4 information	M F	4. Place of Birth (City & State if in the U Birthdate must be MMM/DD	LETTERS  J.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)  7. Primary Contact Phone Number  DO NOT ABBREVIATE
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number  Month, Day, Year  Passenger 4 information  1. Name Last	M F	4. Place of Birth (City & State if in the U Birthdate must be MMM/DD il Address (e.g., my_email@domain.com)	LETTERS  J.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)  7. Primary Contact Phone Number
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number  Month, Day, Year  Passenger 4 information	M F	4. Place of Birth (City & State if in the U Birthdate must be MMM/DD	LETTERS  J.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)  7. Primary Contact Phone Number  DO NOT ABBREVIATE
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number  Month, Day, Year  Passenger 4 information  1. Name Last  First	M F	4. Place of Birth (City & State if in the UBirthdate must be MMM/DD il Address (e.g., my_email@domain.com)  Middle	LETTERS  J.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)  7. Primary Contact Phone Number  DO NOT ABBREVIATE BIRTH MONTH TO NUMBERS
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number  Month, Day, Year  Passenger 4 information  1. Name Last	6. Emai	4. Place of Birth (City & State if in the UBirthdate must be MMM/DD il Address (e.g., my_email@domain.com)  Middle  4. Place of Birth (City & State if in the UB)	LETTERS  J.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)  7. Primary Contact Phone Number  DO NOT ABBREVIATE BIRTH MONTH TO NUMBERS  J.S., or City & Country as it is presently known.)
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number  Month, Day, Year  Passenger 4 information  1. Name Last  First	M F	4. Place of Birth (City & State if in the UBirthdate must be MMM/DD il Address (e.g., my_email@domain.com)  Middle  4. Place of Birth (City & State if in the UB)	LETTERS  J.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)  7. Primary Contact Phone Number  DO NOT ABBREVIATE BIRTH MONTH TO NUMBERS
1. Name Last  First  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number  Month, Day, Year  Passenger 4 information  1. Name Last  First	6. Emai	4. Place of Birth (City & State if in the UBirthdate must be MMM/DD il Address (e.g., my_email@domain.com)  Middle  4. Place of Birth (City & State if in the UB)	LETTERS  J.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)  7. Primary Contact Phone Number  DO NOT ABBREVIATE BIRTH MONTH TO NUMBERS  J.S., or City & Country as it is presently known.)
1. Name Last  2. Date of Birth (mm/dd/yyyy)  5. Social Security Number  Month, Day, Year  Passenger 4 information  1. Name Last  First  2. Date of Birth (mm/dd/yyyy)	6. Emai	4. Place of Birth (City & State if in the UBirthdate must be MMM/DD il Address (e.g., my_email@domain.com)  Middle  4. Place of Birth (City & State if in the UBirthdate must be MMM/DD	LETTERS  J.S., or City & Country as it is presently known.)  /YYYY format. (i.e. JAN/01/1999)  7. Primary Contact Phone Number  DO NOT ABBREVIATE BIRTH MONTH TO NUMBERS  J.S., or City & Country as it is presently known.)  D/YYYY format. (i.e. JAN/01/1999)