



TAOS NEW MEXICO



Saturday, March 1st to –Saturday, March 8th 2014

\$1,095 TRIP SPONSORED BY – Western Pa. Ski Council**

- 7 NIGHTS LODGING AT THE [SAGEBRUSH INN](#) TAOS
- ROUND TRIP AIR ALBUQUERQUE AND COACH TO HOTEL AND DRIVER TIP
- 5/DAY LIFT TICKET
- FULL HOT BREAKFAST DAILY AND TIP
- WELCOME PARTY AND FAREWELL MARGARITA PARTY
- ALL ROOMS HAVE MINI-FRIDGE AND COFFEE MAKER, PLUS \$41 PP. FOR UPGRADE TO FIREPLACE ROOM

Payments due as follows:

- **Deposit of \$200 due with application to reserve your spot.**
- **Second payment of \$450.00 due by October 15th.**
- **Third payment of \$445.00 or any balance remaining, by December 15th.**
- **Late payments will result in a \$20.00 surcharge.**

All deposits are [fully refundable](#) until November 15, 2013. Refunds after this time will depend on availability from lodging and air. All refund requests must be made in writing to the Western Pa. Ski Council. Allow 3 - 4 weeks for refund. No credit or refund shall be granted for shuttles, meals, services or lift tickets not taken or used. Those utilizing their own transportation (FF miles, etc.) will be accommodated with free group shuttle transportation only if their arrival/departure times coincide with those of the main group(s).

Checks to be payable to: Western Pa. Ski Council. Send to: Mike Dziubkowski, P.O. Box 53, Corry, PA 16407. Email questions to: Craig Schneider at craigers518@msn.com or call (814) 397-4742

** For the Land Package only, subtract \$420. For non-skier, subtract \$233. For Single Supplement, add \$299

** We will attempt to switch to Southwest Airlines to eliminate baggage fees. If we can save you \$120 on baggage fees, we might even accept a slightly higher airfare, and your final trip price might nominally increase. Until this Air is finalized, it is suggested to not make reservations using frequent flier miles as ground transportation to our lodging depends on the group arrival and departure times.

** **Group rates for trip insurance through Travel Guard will be offered, and is highly recommended.**

** We will be offering an additional 6th day of skiing at Angel Fire. Lift and Bus should come in around \$80.

** We will attempt to match singles with others of the same sex, if a roommate is not designated. However, should a roommate not be available, you will be responsible for the increased single cost.

TAOS 2014 TRIP RESERVATION AND RELEASE FORM

Name(s) exactly as it appears on passport or government issued ID, otherwise you may be charged a rebooking fee of \$175.

Requested roommate _____ Active Member of what Ski Club? _____

Address _____ Birth date _____

City, State, Zip _____ Telephone _____ Cell Phone _____

Email _____ Optional Upgrade to Fireplace Room

Statement of Purpose: The Western Pa. Ski Council provides services such as ski trips and activities as a benefit to WPSC member clubs through the participation of volunteer leaders who receive no discounts or compensation for their service. Said leaders are not professionally trained, but undertake the trip/activity leadership to the best of their knowledge and ability and spend many hours during and off-season, organizing, arranging and leading trips and events.

Release and Waiver of Liability and Indemnity Agreement to the Western Pa. Ski Council

I, the below named individual, being 21 years of age or older, in consideration of services which have been or will be performed by the Western PA Ski Council, in providing travel arrangements and activities and of being permitted to participate in the Club trips, activities, events and other functions which I recognize as being hazardous, do for myself, my personal representatives, and next of kin:

- (1) **hereby** release, waive, discharge and covenant not to sue or hold liable the Western Pa. Ski Council, its officers, directors, event leaders and trustees, all for the purposes herein, referred to as Releases, from all loss or damage and any claims or demands therefore, on account of injury to the person or property, or resulting in death, whether caused by the negligence of Releases or otherwise, while for any purpose participating in any event or activity; and
- (2) **hereby** agree to indemnify and save and hold harmless the Release from any loss, liability, damage, or the cost they may incur due to my presence and or participating during any activity, and whether caused by the negligence of the Release or otherwise; and
- (3) **hereby** assume full responsibility for any risk of bodily damage, death or property damage due to negligence of Release or otherwise while traveling, participating or for any purpose while engaged in such activities. I expressly agree that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted in the state, states, and countries in which the activity is conducted and that if any portion thereof is held invalid, it is agreed that the balance of the agreement shall continue in full legal force and effect.

I have read and voluntarily signed the **Release and Waiver of Liability and Indemnity Agreement**, which shall remain in full legal force and effect until such time, that I notify the W. PA. Ski Council in writing, that this agreement is voided.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____



Travel Protectors
Have a safe trip.

Travel Protectors, LLC, 18415 Lanier Island Square, Leesburg, VA 20176
Tel: 1-703-443-9055 Fax: 1-703-738-7390 myra@travelprotectors.com



Travel Protectors is A+ Rated by the Better Business Bureau

WPSC Taos, NM March 1-8, 2014. Affordable Group Travel Insurance

1. If you would like to purchase travel insurance at great group prices, please complete the registration form below. Then fax it to 1-703-738-7390 or scan it and email it to myra@travelprotectors.com and include your credit card information – Visa, Master or Discover only. Sorry.....no Amex.
2. Payment can also be made by check by completing the registration form and including the check. Make the check payable to Travel Protectors, LLC and mail to the above address.
3. Registration forms, with payment information whether by credit card or check, **MUST BE RECEIVED BY TRAVEL PROTECTORS AT ANY TIME BUT NO LATER than Wed., October 30, 2013.** (A group insurance plan can only go into effect if we have a minimum of 10 people sign up and pay the premium no later than August 28, 2013).
4. Questions? Please email myra@travelprotectors.com or call 1-703-443-9055.

For the entire group benefits package including Trip Cancellation, Trip Interruption, Trip Delay, Lost/Delayed Luggage, Medical Expense and Dental Coverage and Emergency Medical Evacuation, select your premium according to your age and your total trip cost. Then complete the registration form on the second page. (Pre-existing medical conditions are also waived based on certain criteria).	For ages 0-34	For ages 35-59	For ages 60+
	Your pp premium is	Your pp premium is	Your pp premium is
If your trip cost is between: \$1 - \$500pp	\$27	\$35	\$51
If your trip cost is between \$501 - \$1,000pp	\$35	\$44	\$65
If your trip cost is between \$1,001 - \$1,500pp	\$45	\$60	\$86
If your trip cost is between \$1,501 - \$2,000pp	\$61	\$80	\$101
If your trip cost is between \$2,001 - \$2,500pp	\$78	\$95	\$133
You can upgrade the group benefits package to include the "Deluxe Medical Package" which will add on an additional \$25,000 in medical expense coverage, Primary Medical Insurance (instead of Secondary Insurance) and "Hospital of Choice".	\$13	\$13	\$13
What if you only want medical expense coverage, emergency medical evacuation with "Hospital of Choice" and Luggage Coverage BUT...without Trip Cancellation or Trip Interruption? Then choose our \$53 pp flat fee by completing the registration form on the second page. Remember, the Trip cancellation/Trip Interruption benefit is not included. (Pre-existing medical conditions are not covered under this \$53 plan).	\$53.00- one flat fee - per person		
A Brief Description of Coverage for the Group Plan	Benefit Per Person		
Trip Cancellation (maximum limit \$25,000 pp) due to illness, injury or death to you, or to an immediate family member or traveling companion or trip cancellation due to inclement weather (think Icelandic volcano eruption), unexpected natural disaster, terrorism and even work- related reasons.	100% of Trip Cost		
Trip Interruption due to illness, injury or death to you, or to an immediate family member or traveling companion or trip interruption due to inclement weather (think exploding Icelandic volcano), natural disaster causing cancellation or interruption of travel, while traveling.	Up to 150% of Trip Cost. You will be reimbursed for your trip interruption expenses up to 150% if the expenses exceed your original trip cost. If you lay out less than your entire trip cost, you will only be reimbursed for that amount.		
<i>Missed Connection</i>	\$250		
<i>Trip Interruption – Return Air Only</i>	Up to \$750		



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<i>Trip Delay (\$150 max/per day) for additional meals and accommodations if delayed consecutively for more than five hours..</i>	\$750
<i>Baggage & Personal Effects Loss (Secondary) up to a max of \$500 for the first lost item and \$250 for each additional lost item)..</i>	\$1500
<i>Baggage Delay (if more than 12 hours).</i>	\$250
Pre-Existing Medical Condition Exclusion is Waived	Provided you insure for all pre-paid, non-refundable trip costs and you are able to travel at the time you purchase the plan.
<i>Medical Expense (Secondary Coverage) Upgrade to Primary Coverage and \$50,000 by adding the "Deluxe Medical Package" for an additional \$13 per person.</i>	\$25,000
<i>Emergency Dental</i>	\$500
<i>Emergency Medical Transportation and Repatriation of Remains – Upgrade to "Hospital of Choice" by adding the "Deluxe "Medical Package" for an additional \$13.00 per person.</i>	\$250,000
<i>Accidental Death and Dismemberment</i>	\$25,000
<i>24/7 Travel and Medical Assistance</i>	Included

Group Insurance Registration Form: Fax to 1-703-738-7390 or send to address above.

Name of Group:

Name/s of Traveler/s -

Dates of Birth for each traveler –

Departure Date from Home –

Return Date Home –

What is your total trip cost per person? (Include airfare if it is non-refundable).

If you would like to pay by debit or credit card, please provide – Discover, MasterCard or Visa #, expiration date and security code. (Sorry, no Amex).

What is your card billing address?

- If you are selecting the \$53 flat fee rate without trip cancellation and trip interruption benefit, click this box ..
- If you would like the complete package, look at the price chart above and tell us what your premium is per person, based on your trip cost. \$

If we have questions, we will need to contact you, so please provide your email address and phone . Thank you.