



# 2010 Panorama

January 30 – February 6, 2010



Alpine \$1150, Nordic \$995

## SIGNING-UP

- No signup will be accepted unless accompanied by two cheques (initial payment and post-dated final payment) or a single cheque for the entire amount - **Cheques must be made payable to: Skican Ltd**
- This trip includes a fuel surcharge applied by the airline company. If prior to the trip the fuel charge changes any additional cost or saving will be passed on to the participants of the trip.

## APPLICANT (Please Print Clearly)

FIRST AND LAST NAME \*\*\*As it appears on your identification\*\*\* Incorrect spelling, resulting in a name change on your airline ticket will be charged a penalty fee

MAILING ADDRESS

CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 ( ) ( )  
 WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ NTSC MEMBERSHIP # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PREFERRED ROOMMATE(S) \_\_\_\_\_

## TRIP

DESTINATION	DATES	PAYMENT OPTION	REC'D
<b>Panorama</b>	January 30 – February 6, 2010	\$300 Initial Payment (Dated Today)	
<b>Alpine Cost \$1150</b>	On Sale: September 25, 2009	\$850 Final Deposit (post dated Nov 19) for Alpine or	
<b>Nordic Cost \$995</b>	Cut Off Date: November 19, 2009	\$695 Final Deposit (post dated Nov 19) for Nordic	
	<b>Cheque Payable to: Skican Ltd.</b>	Optional Insurance (see next page)	
		\$30 for Credit Card Payment	

## ROOMMATE SURVEY

<b>I am a:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Skier <input type="checkbox"/> Snowboarder <input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker	<b>My Roommate should be a:</b> <input type="checkbox"/> Smoker <input type="checkbox"/> Morning Person <input type="checkbox"/> Non-smoker <input type="checkbox"/> Night Person <input type="checkbox"/> Doesn't matter <input type="checkbox"/> Doesn't matter	<b>I am a new member to NTSC</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how long have you been a member:
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<b>This is my first Charter Trip:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>My skiing / boarding level is:</b> <input type="checkbox"/> Beginner <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert	<b>Age (optional)</b> <input type="checkbox"/> 19-25 <input type="checkbox"/> 36-45 <input type="checkbox"/> 56-65 <input type="checkbox"/> 26-35 <input type="checkbox"/> 46-55 <input type="checkbox"/> 66+
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## CREDIT CARD AUTHORIZATION (VISA, MasterCard, AMEX)

Name on Card	Initial Payment Amount		\$ 330
Card Number	Expiry Date	Final Payment Amount	\$
I authorize that the amount(s) be applied to my credit card as listed:		SIGN HERE	Today's Date:

Travel Provider: Skican Limited, 745 Mt. Pleasant Road, Suite 300, Toronto, Ontario, M4S 2N4, www.Skican.com, (416) 488-1169

## Insurance Protection

Skican recommends that all travelers have adequate insurance protection such as medical insurance, comprehensive insurance (accident, sickness, property damage, baggage loss, damage or theft, cancellation, etc). Each trip has an insurance package optionally available through Skican. Whether purchasing this option or medical coverage through another provider, the North Toronto Ski Club strongly recommends travelers ensure they have medical coverage while out of province.

Skican optional insurance coverage is payable at time of initial payment.

INSURANCE (Optional)		
Type of Coverage	Comprehensive- Up to	
Cancellation	Amount Insured	*Comprehensive Travel Insurance is available to protect non-refundable payments in the event that participants are forced to cancel their vacation prior to departure or interrupt vacation due to medical reasons.
Missed Flight	Economy Airfare	
Upgrade	Unlimited	*Individuals up to & including age 75 are eligible for this Insurance. Other coverage is available for those over 75 years of age. Contact Skican for a quotation.
Accidental Death/Dismemberment	\$10,000	
Emergency Medical	\$2,000,000	*Pre-existing conditions are not covered for any insureds. If you (or your member, traveling companion, etc.) are cancelling your trip due to a reason that you required medical consultation, medical treatment or hospitalization for within 90 days of the application date, you would not be covered."
Trip Interruption	Economy Airfare	
Unused Land	Amount Insured	*This coverage excludes any loss resulting from medical consultation, prescriptions, medication, medical treatment or hospitalization during the 180 days immediately preceding the effective date. This condition applies to all persons over 70 years of age and all persons on trips with a duration exceeding 35 days. Just be sure you are not traveling against doctor's orders and do not have any reason to expect medical treatment.
Missed Connection	Economy Airfare	
Baggage/Ski Gear	\$3,000	
Baggage/Ski Gear Delay	\$300	

### Cost Per Person \$106

\*Individuals up to & including age 75 are eligible for this Insurance. Other coverage is available for those over 75 years of age. Contact Skican for a quotation.

\*Members of your Group must enrol through the Group leader. For information contact Skican Limited at (888) 4 Skican (475-4226) or visit our website at [www.skican.com](http://www.skican.com).

I acknowledge that I have been given the opportunity to purchase cancellation & medical insurance and cancellation insurance, as offered by Skican, but I have chose to decline both.

Please ONLY initial if you are choosing to decline optional insurance.

\_\_\_\_\_  
Initial to decline coverage

## WAIVER

In consideration of the acceptance of this trip application, I hereby waive all claims and rights of action, present or future, whether for personal injury, financial loss or otherwise, against North Toronto Ski Club, its directors, chairpersons, and members, and Skican can with respect to this trip. I acknowledge that as a member or a guest of a member of this club, I am not a member of the public. I further acknowledge that the Club is neither acting as a travel agent, nor travel salesman, nor travel wholesaler within the meaning of the Travel Industry Act as amended and that neither I nor any funds that I may have paid to the Club are protected by the said Act.

I also certify that I have read, that I understand, and that I agree to abide by, all the Bylaws and Standing Riles of NTSC. I understand that payments made for trips or activities may not be refundable, in whole, or in part, and that all payments will be handled in accordance with the applicable provisions of the Bylaws and Standing Rules.

I acknowledge that I have read the waiver, signup and cancellation procedures outlined above and agree to abide by these policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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