



Danbury Ski Club Trip – Zermatt and Lucerne, Switzerland January 24 thru February 2, 2020



A mile high ski Mecca for all skiing levels at the foot of the majestic Matterhorn! Best known for its southern exposure, high snowfall levels and quintessential Swiss charm – an incredible ski destination. Considered one of the top 10 ski resorts in the world! Ski the three main ski areas of Rothorn, Gornergrat or Matterhorn Glacier, and then ski across the border to Cervinia, Italy for lunch. Renowned for its "all-inclusiveness" and no use of cars in the village – electric-cars and horse-drawn sleighs and carriages are the only transport allowed. Zermatt's the rockin' place to be! From pubs to Zermatt's discos, there's something for everyone - young and old alike. Have a blast, but don't forget... The ski lifts are open at 8 am tomorrow morning!!

- **\$2,640 pp double, \$3,015 pp single, \$2,065 land only/pp double for a 9 day trip! Includes:**
 - R/T nonstop air between JFK and Geneva on Swiss Air. Skis fly free!!!
 - Motor coach transfers, tax/surcharges, portage and post-departure travel insurance**
- **7 nights in Zermatt's Hotel Ambassador. 4 * hotel with private baths, well-appointed rooms, and views of the Matterhorn. Located in the heart of Zermatt and adjacent to ski lifts and the train. Also included are:**
 - Full European buffet breakfast and dinner daily, and a welcome wine and cheese party.
 - On-site indoor swimming pool, sauna and fitness room.
 - 6 days of skiing at Zermatt Switzerland and Cervinia Italy (\$410 value).
- **1 night in Lucerne @ Hotel Continental Parc centrally located in Lucerne for a day of sight-seeing and dining. A full European buffet breakfast is included prior to our departure to Zurich.**
- **Optional discounted trip cancellation insurance is available **.**

**Alphorn Tours has purchased the Group Protection plan on behalf of all travelers, helps protect you after departure . Plan document will be provided. If interested, optional trip cancellation insurance is available for additional cost, please sign up with the following link:

[This trip is open to both the Connecticut and NY Metro Ski Councils](#)

If interested please contact Pam Golde meanoldmom@comcast.net Tel: 914-806-529
 First Payment, \$900 due 8/25/19 Second Payment \$900, due 9/25/19 Final Payment, balance due 11/5/19

Receipt of Written Cancellation	You agree to the following Cancellation Fees
From September 1 to September 26, 2019	\$95
From September 27 to October 26, 2019	\$395
October 27 to December 10, 2019	\$595
December 11, 2019 to departure	FULL AMOUNT, NO REFUND

Mail form and deposit to: Pamela Lester Golde 45 Great Hill Road Ridgefield, CT 06877, atten: DSC Trip.

Checks made out to the Danbury Ski Club

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Trip Form

1 - Full Name _____ (as it appears on your passport) DOB _____

*Passport # and Issuing Country _____ ** Passport Expires _____

City, State, Zip _____ * Nationality _____

Telephone # _____ Cell # _____ Email: _____

Please select Trip package: _____ \$2,640 (double) _____ \$3,015 (single) _____ \$2,065 (land only/double occupancy)

2 - Full Name _____ (as it appears on your passport) DOB _____

*Passport # and Issuing Country _____ ** Passport Expires _____

City, State, Zip _____ * Nationality _____

Telephone # _____ Cell # _____ Email: _____

Please select Trip package: _____ \$2,640 (double) _____ \$3,015 (single) _____ \$2,065 (land only/double occupancy)

Total Amount Enclosed: _____ * Switzerland is not an EU nation. Need a visa?? **Switzerland requires a 6 month cushion on your passport expiration. Does your passport expire before 7/24/19?

Danbury Ski Club Trip – Release and Indemnification Agreement

The undersigned acknowledges and understands that the **Danbury Ski Club, Inc.** has arranged or will arrange, for various ski trips and/or outings and/or activities and/or meetings, etc., in which the undersigned will participate.

The undersigned acknowledges and understands that the trips, outings, activities, meetings, etc., in which the undersigned will engage involve a risk of injury to the person and/or property of the undersigned. The undersigned also acknowledges and understands that there may be unknown and/or unanticipated risks and/or injuries and in executing this document, the undersigned agrees that this Release and Indemnification Agreement is intended to include these risks and/or injuries.

Now, in consideration of the **Danbury Ski Club Inc.**, allowing the undersigned to participate and/or attend any trips and/or outings and/or activities and/or meetings, etc., the undersigned hereby agrees to save harmless and indemnify the said **Danbury Ski Club, Inc.** of and from any and all claims and expenses, including reasonable attorney's fees, arising because of or out of any claim which may hereafter be presented by anyone for loss and/or damage of any kind, including but not limited to personal injuries, as a result of any activities involving the **Danbury Ski Club, Inc.**, in any way.

The undersigned acknowledges and agrees that this Release and Indemnification Agreement shall apply to agents, servants, successors, executor, administrators and/or assignee of the parties.

The undersigned declares and represents that no promise or agreement not expressed herein has been made and that this document contains the entire agreement between the parties.

Trip/Activity: _____

The undersigned has read the foregoing release and indemnification agreement and fully understands it.

Signed this _____ day of _____, _____

Name: _____ Signature: _____

(Parent or guardian signature if under 18 years of age)

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**DANBURY SKI CLUB
EMERGENCY INFORMATION**

Trip/Activity: _____

Name: _____

Birth Date: ___/___/___

Address: _____

Phone No: (____) ____ - ____

Passport Number (if travelling outside USA): _____

Emergency Contact: _____

Relationship: _____

Address: _____

Phone No: (____) ____ - ____

Medical Alert Information: _____

Required Medications: _____

Allergies: _____

Blood Type: _____

Personal Physician: _____ Phone No: (____) ____ - ____

Insurance Company: _____

Group Number: _____

ID Number: _____

In an emergency, I hereby authorize medical treatment.

Name: _____ Date: ___/___/___

Signature: _____

(Parent or guardian signature if under 18 years of age)