

Holidaze Ski Tours®

Chubb Travel Protection

Travel Insurance Sign up form:

INSURANCE FORM AND REMITTANCE MUST BE RECEIVED BY JULY 21 2024

**REMITTANCE IS MADE PAYABLE TO :
HOLIDAZE SKI TOURS**

YOUR INFORMATION:

FIRST & MIDDLE: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

TRIP INFORMATION

SKI CLUB NAME/ TRIP _____ COASTAL SKI CLUB HIGHLIGHTS OF ITALY
GROUP POLICY NUMBER. N16776725

TRAVEL START DATE: OCTOBER 11 2024
END DATE: OCTOBER 25 2024

LAND PACKAGE ONLY. TRIP COST.	\$4185.	INSURANCE PREMIUM POLICY.	\$ 257
LAND PACKAGE SINGLE RATE.	\$5705.	INSURANCE PREMIUM POLICY.	\$ 431
TOTAL PACKAGE TRIP COST.	\$5706.	INSURANCE PREMIUM POLICY.	\$ 431
TOTAL PACKAGE SINGLE RATE.	\$7226.	INSURANCE PREMIUM POLICY.	\$ 616

Return this form and payment to :
John Schwartz
4303 Grovecrest Circle
North Myrtle Beach SC 29582

SIGNATURE _____ DATE _____ / _____ / _____

