

**TRI CITY AMERICANS DAY TRIP
SATURDAY, DECEMBER 15, 2018
FAN TRIP RESERVATION**

PLEASE PRINT CLEARLY AND LEGIBLY – ALL GENERAL INFORMATION REQUESTED IS REQUIRED

1st Individual Name - Primary Adult

2nd Individual Name

Street Address

City

State

Zip Code

Primary Email Address

Primary (Cell) Phone Number

**FULL PAYMENT DUE AT TIME OF RESERVATION – UNLESS OTHERWISE NOTED BELOW
NO REFUNDS – SUBSTITUTIONS BEFORE CUT-OFF DATE OKAY UPON WRITTEN NOTICE TO PWHBC
CUT-OFF DATE MUST HAVE MINIMUM OF THIRTY (30) PEOPLE FOR EACH TRIP
IF TRIP IS A "NO-GO" YOU WILL BE REFUNDED IN-FULL**

Fan Trip Prices/Destinations:

COST INCLUDES WHAT WE PROVIDE, Round Trip Transportation, Tickets to Venue, Lodging (if included), Breakfast(s) (if included), Sightseeing (if included), On Bus Bottled Water, Snacks, Raffles, Trivia, Games and Prizes

TRI-CITY AMERICAND DAY TRIP

Saturday, DECEMBER 15, 2018

Cut-Off Date: Friday, November 16, 2018

Members Cost: _____ Single \$75.00 (1 Person) _____ Double \$150.00 (2 People)

Non-Members Cost: _____ Single \$90.00 (1 Person) _____ Double \$180.00 (2 People)

NOTE: () Wheelchair

~~ ALL PARTIES MUST BE MEMBERS WITH CURRENT DUES PAID IN FULL TO RECEIVE "MEMBERS DISCOUNT" ~~
~~ ONLY CASH, CHECKS or CREDIT CARDS PAYABLE TO: PORTLAND WINTERHAWKS BOOSTER CLUB or "PWHBC" ~~
~~ ALL FUNDS ARE IN U. S. DOLLARS AND ONLY U. S. DOLLARS ARE ACCEPTED ~~

PLEASE READ ENTIRE FORM AND SIGN ON THE REVERSE OF THIS PAGE



INDEMNITY/HOLD HARMLESS AGREEMENT

As the "Primary Adult" I have the Authority to Act on Behalf of my Group (or myself as a Single) Reservation to "Indemnify and Hold Harmless" the Portland Winterhawks Booster Club and the Portland Winterhawks Hockey Club, it's Officers, Directors, Agents, Members and Employees from any and all Illnesses, Injuries or even Death while on this Fan Trip. I, and/or my group are partaking this trip of our own "free will" and have paid for the privilege, and wish to travel with people and friends with a "like minded" interest in Junior Ice Hockey. Furthermore, I (we) agree and understand that absolutely NO ALCOHOL may be consumed during the bus trip. In addition, that any Alcohol purchased, or other merchandise purchased shall be "stowed" away safely in the holding carriage of the bus during all traveling. Additionally, I understand that some sporting venues do sell Alcohol on site for consumption during events. If I, or any person(s) in my Group chose to partake in Alcoholic Beverages, we agree to Act Civil and Responsibly at all times. We therefore agree that I (we) shall obey all local, county, municipal, state, provincial and federal laws. I (we) understand that Adults as well as Children may partake in this event ... Outrageous Behavior shall not be allowed or tolerated. I, we, understand that any purchases we have made are our sole responsibility and not that of any other person(s) or entities, to include, but not limited to, any taxes, tariffs and other fees that may or could be imposed on the purchaser or in the event of breakage or spoilage.

I (we) understand and agree that there are "**NO REFUNDS**" unless the minimum of thirty (30) individuals is not reached by the "cut-off" date. If the minimum is NOT reached, I understand that I will receive a full refund by check. If, for any reason, I am unable to participate, I have the right to have someone participate in my absence upon providing "written notice" to the PWHBC and delivering such notice, in person, at the Booster Club Table at a Home Game before the trip begins. If no Home Games remain, I waive my rights to have a "substitution" take my place and of course, again I fully understand that I AM NOT then entitled to a refund.

I (we) have had all questions answered to our satisfaction.

A copy of this form, both front and back, shall be "as valid" as the original.

This is a FAMILY FRIENDLY FUN EVENT - THANK YOU FOR YOUR PARTICIPATION.

I agree to the stipulations noted herein above, and if applicable, I have the "authority" to bind all persons listed on this FAN TRIP RESERVATION (on the reverse of this form) by my signature set forth herein below.

DATED This _____ Day of _____, 20 _____

PRINT YOUR NAME

SIGN YOUR NAME

PWHBC OFFICER OR DIRECTOR WITNESS

BELOW FOR ACCOUNTING PURPOSES ONLY

RECEIPTS: ALL PAYMENTS WILL HAVE A SEPARATE RECEIPT PROVIDED TO TRAVELER AND TO THE TREASURER

FULL PAYMENT REC: \$ _____ CASH or CHECK # _____ DATE: _____ RECEIPT #: _____

ACCOUNTING FOR TOTAL PEOPLE: MEMBERS: _____ NON-MEMBERS: _____

ACCOMADATIONS AND GENERAL NOTATIONS: