

SKI St. Moritz Switzerland Club-Med

with the TRENTON SKI CLUB

Saturday, January 20 – Sunday, January 28, 2018



Price includes:

*******LIMITED NUMBER OF OPENINGS*******

- Round trip airfare from Newark to Zurich via Swiss International Airlines nonstop, plus all ground transfers.
- * Seven nights' accommodations at Club Med St. Moritz premium rooms
- * Breakfast lunch and dinner included. Choice of outstanding gourmet restaurants with a selection of exquisite and lavish buffet spreads or a la carte menus of specialty restaurants (features may vary per resort)
- * Full open bar of unlimited Alcoholic and non-alcoholic drinks and snacks throughout the day with a large selection of sodas, juices, cocktails and signature drinks. Reserved area in the restaurant can be organized for dinner each night.
- * 6 days of ski lift tickets and 5 days of group ski lessons included.
- * Nightly entertainment, Casual or party night events with live bands and nightly shows (feature varies by resorts)
- * Club Med Staff: The GO Team – Multicultural individuals consisting of 96 nationalities and speaking over 30 languages.
- * Dedicated group coordinator * Hotel taxes & service charges included
- * Swiss baggage policy is 1 suit case and (1 set of skis/& boots or board/boots) is allowed to travel for **FREE**

All this for \$2395 based on double occupancy Due on signup \$600

Pmt 2	on or before	08/22/17	\$600
Pmt 3	on or before	09/26/17	\$600
Pmt 4	on or before	10/24/17	\$595

(Only 1 single available at \$361 extra)

- **Trip Leader: Bill Gardner 609-499-4382 bjgskibum@comcast.net . Trip Insurance is recommended!**

ALL INCLUSIVE

Please Print Clearly!

Trip Name: **ST Moritz** Your Name _____
(as it appears on passport)

Passport # _____

Street _____ City _____ State _____ Zip _____

Home Phone (____) _____ Bus. Phone (____) _____ Cell Phone (____) _____

DOB: _____ E-mail _____ Roommate _____
(date of birth) (as it appears on passport)

Roommate passport # _____ Roommate DOB _____

EMERGENCY CONTACT (not on trip) Name _____ Emergency Phone _____

Member: Yes _____ No _____ Waiver Signed: Yes _____ No _____ Deposit \$ _____

Make checks payable to: Trenton Ski Club. Mail to: TSC, PO Box 10194 Trenton, N.J. 08650 Members and non-members must sign a waiver to qualify for trips. Trip cost is generally based on double occupancy. You must comply with the policies stated in the booklet regarding cancellations and rooming.

**Please include the name of the trip on memo field of check and ATTN line on envelope.
 (All arrangements must be made through trip leader.)**