

SKI ITALY and More, Inc. requires a signed reservation form for all passengers. Please complete and return with deposit or payment in full. Rates are all Per Person Double Occupancy except for Single Supplement. In addition please be sure to thoroughly read the Ski Italy Terms and Conditions Form and Travel Insurance Brochure. If you have any questions regarding the booking process please call us at 781-337-5620 . THIS TRIP REQUIRES THAT ALL PASSENGERS HAVE A VALID PASSPORT IN THEIR PERSONAL POSSESSION. WITHOUT ONE YOU WILL BE DENIED BOARDING.

IMPORTANT: Please print passenger name(s) EXACTLY AS IT APPEARS ON PASSPORT

Passport No/s.: _____ Gender/s: _____ Birth Date/s: _____ Issuing Country _____

Name(s) _____

Street: _____

City: _____

Home Phone: _____ Business Phone: _____ Email Address: _____

Departure Dates: (Indicate number of persons for each departure) Price is per person double occupancy

2/5/10, 8 Days *\$2479. ()

2/12/10, 8 Days *\$2579. ()

2/5/10,15 Days *\$3479. ()

*Prices quoted are subject to availability, and include a round-trip economy airfare allowance of up to \$1,000. USD Per Person, any additional airfare or other airline imposed fees will be added to the trip cost and must be paid for prior to departure.

Multiply number of persons times above amounts to arrive at TOTAL: \$ _____

Single Supplement: 8 Days Add \$200.00 ea. \$ _____

Single Supplement: 15 Days Add \$225.00 ea. \$ _____

(Limited number of single supplements available)

Non-Skier Discount: 8 Days, Deduct \$200. ea. -\$ _____

Non-Skier Discount: 15 Days, Deduct \$255. ea. -\$ _____

Venice Day Trip: \$189.00 pp. \$ _____

Day Tour of the Dolomites: \$189.00 pp. \$ _____

Northern Italian Cooking Class: \$89.00 pp. \$ _____

(All Subject to populating)

GRAND TOTAL: \$ _____

To confirm your reservation/s, a deposit of 50% of Total Trip Price at time of Booking is required. Final Payment is due no later than October 15, 2009. Total Trip Price amount due at time of Booking if booked anytime after October 15, 2009. Information concerning change fees, cancellations, etc., may be found in the Ski It trip Terms and Conditions Form. _

Please check off below.

() Enclosed is a check made payable to SKI ITALY and More, Inc. in the amount of \$ _____

This represents payment or deposit for _____ passengers.

() Please charge my credit card account in the amount of \$ _____

This represents payment or deposit for _____ passengers.

() Master Card () Visa

Account # _____ Expiration Date: _____

Print cardholders name as on card: _____ Signature: _____

Billing Address _____

The **SUPERSKIRAMA** Ski Pass included in your ski vacation package allows **full unlimited use of all lifts** on the Skirama Dolomiti, Adamello-Brenta Ski Circuit which all together consists of a total of approximately 160 Lifts and 360 Kilometers of groomed terrain.

INSURANCE INFORMATION ---- Travel Protection Program:

To help prevent financial loss due to cancellation of the trip by the passenger, **WE STRONGLY RECOMMEND THE PURCHASE OF TRIP CANCELLATION INSURANCE**. This insurance will protect against loss of monies paid resulting from trip cancellation due to sickness or death of the passenger, a member of their immediate family, or that of a traveling companion. All rates are per person, and all of the coverage's and services provided including but not limited to medical and baggage insurance are described in and may be ordered and purchased through the Travelex insurance brochure or easily purchased online at www.travelexinsurance.com. When purchasing your travel insurance from Travelex please use **Location Number 21-0065** so as to associate yourself with our Ski Italy and More, Inc. trips.

IMPORTANT:

Trip cancellation insurance is optional. You may either accept or decline travel insurance coverage. We simply ask that you check off and initial the appropriate items below indicating your choice and then sign the insurance accept/decline waiver. SKI ITALY and More, Inc. requires the completion of the foregoing Insurance Purchased/Declined Waiver by all passengers.

INSURANCE PURCHASED/DECLINED WAIVER

Please Indicate your Date of Departure here: _____

I/We have been offered Travelex Travel Insurance and I/we have either **ACCEPTED** or **DECLINED** the Purchase of the same as indicated below: (Please have all passengers check and initial appropriate box)

() I/We have **PURCHASED** comprehensive travel insurance from Travelex or other Insurer. Please Initial here _____

() I/We have **DECLINED** to purchase comprehensive travel insurance. Please Initial here _____

If I/We the undersigned have declined the purchase of Travel Insurance as indicated above I/we will not hold SKI ITALY and More, Inc. and/or any of its agents, suppliers or vendors responsible for any claims/expenses made or incurred by me/us resulting from the cancellation of my/our trip, accident, sickness, repatriation or stolen or lost baggage or any peril covered by any part of any comprehensive travel Insurance offered to me/us.

I/We have also thoroughly read and understand the SKI ITALY and More, Inc. 2010 Ski Package Terms and Conditions Form (Separate Document) concerning the Vacation Packages offered by SKI ITALY and More, Inc. I/We have also reviewed all of the Travel Insurance options offered and have either purchased or declined the same as I/we have indicated above.

Signature _____ Date: _____

Signature _____ Date: _____

THANK YOU FOR BOOKING YOUR 2010 HOSTED SUPERSKIRAMA VACATION WITH SKI ITALY AND MORE, INC. IF YOU HAVE ANY QUESTIONS, OR NEED ASSISTANCE PLEASE CALL US AT 781-337-5620 OR FAX US AT 781-337-5670 WE WILL BE MOST PLEASSED TO ASSIST YOU IN ANY WAY POSSIBLE. Email: info@skiing-italy.com

Please mail your Reservation/Insurance Waiver Form to us at Ski Italy and More, Inc., P.O. Box 1, Weymouth, MA 02191-0001. USA, or by FAXING both sides of the form to us at 781-337-5670.

