Maratona 2009 REGISTRATION FORM



Reservations and positions on waiting lists will be based on the order in which we receive the applications.

A deposit of 30% per person is necessary to reserve a spot.

Please complete and return one copy of this form for each person registering by fax at (509)461-1121 or mail: Custom Getaways Inc – P.O. Box 9082 – Winter Haven, Fl. 33883-9082 – USA

Personal Information:	Phone () Cell / Oth	er ()		
Name	Email			
A 11	D + CD: 41 (1/1 /)			
Address	Date of Birth (month/day/year)	//		
City	Gender: Male – Female			
State ZIP	T-Shirt Size: (S / M / L / XL / X	(XL)		
Cycling Information: I will be cycling - I will not be cycling Bike Make and model Wheels Chain Rings Tires What Level Cyclist are you Average Speed Preferred dai	Pedals			
Lodging Information:	TRIP REQUESTED (check the trip you are requesting)	(additional cost for singles)		
Double: If you are not traveling with someone,	Option 1 - Self-Guided – July 3 rd to July 6 th - 4	days / 3 nights in a 3 star hotel		
you will be paired with someone of same gender	\$835 / rider based on double occupancy - \$650 / non-rider based on double occupancy			
Cincles (control them of a cincle accuse)	ncludes guaranteed entry to the Maratona, breakfast ev	ery morning, and a bike jersey.		
Single: (extra charge for single rooms).	Option 2 - Self Guided –July 2 nd to July 6 th - 5 d	ove / 4 nights in a 4 star hotal		
My specified Roommate is (name):	1225 / rider based on double occupancy - \$975 / non-racludes guaranteed entry to the Maratona, breakfast ev	ider based on double occupancy.		
We are a couple; Yes No	nd a bike jersey.	,,		
Deposit Information (30% deposit per person –AMEX/DISCOVER / VISA / MC/ Check in US Funds – Sorry NO CORPORATE/BUSINESS CARDS) Card Number Exp Date : / CVV2: CVV2: CVV2: On Visa and MasterCard cards, it is a three digit value printed in reverse italic characters on the signature panel following the last 4 digits of the account number. On American Express cards, it is a four digit value printed on the front of the card, usually on the right side. Name on Card Billing Address City State ZIP By signing this form, you authorize, Custom Getaways, Inc. to charge a 30% deposit. You have also read and agree to our Reservation Procedure form.				
	ite//			
Signature of Cardholder	···			
Comments: (if this package is being offered as a present	surprise, please, clearly state who and how to contact)			



P.O. Box 9082 Winter Haven, Fl. 33883-9082 USA

Phone; (863)292-2017 Toll Free; (866)203-3566 Fax; (509)461-1121 E-mail; info@customgetaways.com URL; www.customgetaways.com

RESERVATION PROCEDURE

Deposit

We encourage you to book as early as possible, as many of our trips fill fast. Most of our tours have a limited number of participants and can sell out months in advance. The Maratona accepts 8700 riders yearly and receives 20,000 inquiries for entry!

Unless otherwise specified while making your reservation, a 30% deposit per person is necessary to reserve a space on a trip. Booking is confirmed upon receipt of this deposit. We accept payments by credit card (MC, Visa, American Express, Discover) check drawn on US banks or money order.

Payment Schedule

- A deposit of 30% is due at the time of booking if prior to January 15th, 2009
- Final payment on our 2009 Maratona Dles Dolomites packages is due on or by January 15th, 2009.

Confirmation

Bookings and payments are confirmed by return mail, email or fax (your preference). Our acknowledgment will include an accounting of the amount paid and the balance due as well as a reminder of the final balance due date. For payment by credit card, we will send an authorization form that we ask you to sign and return to us. We also include helpful preparatory information.

An update will be sent to you before January 15th, and several others after final payment is received

Because our Maratona dles Dolomites trips require a very early booking, we highly recommend TRIP CANCELLATION INSURANCE and can assist you in obtaining such coverage.

A risk release form is also included with your confirmation. This form must be properly filled out and returned to Custom Getaways.

Cancellation & Refunds

Cancellation must be made in writing.

If cancellation reaches us on or before December 15th, 2008; 50% of the total deposit will be refunded

If cancellation reaches us on or before February 1st, 2009; no deposit will be refunded.

No refunds after February 1st 2009.

We recommend trip cancellation insurance.

Responsibility

Custom Getaways reserves the right to change tour routes and accommodations due to availability, weather or other natural acts or inconveniences caused by unforeseen circumstances. In addition, Custom Getaways reserves the right to cancel any tour, at which time a traveler may re-book onto another tour or receive a full refund. The traveler understands that he/she is booking onto an adventure tour and that there are inherent risks involved in such travel, including but not limited to vehicular traffic, weather conditions, illness or accidents caused by stress fatigue or consumption of food and alcoholic beverages, etc. Custom Getaways assumes no responsibility for any claims, damages, expenses or other financial loss to persons or property arising from these inherent risks, including theft. All participants are required to sign a risk release statement prior to joining a trip.

EACH PARTICIPANT WILL BE REQUIRED TO FILL OUT AND SIGN AN OFFICIAL ENTRY FORM AND WILL REQUIRE A MEDICAL CERTIFICATE FROM THEIR DOCTOR STATING THAT THEY ARE FIT TO TAKE PART IN A CYCLING COMPETITION.

Signature	Name	Date

Custom Getaways, Inc. is registered with the State of Florida as a Seller of Travel. Registration Number ST35761