



TASL SOCCER TOUR SUMMER 2011

TRIP: ***COSTA RICA TOUR***
DATES: ***SUMMER 2011: JULY 3 TO JULY 13***
PLAYER COST: ***\$2,000 (BASED ON 40 PARTICIPANTS)***
GUEST COST: ***\$2,000***
TEAM: ***ADULT TASL MEN & TASL WOMEN***
COACH: ***TBD***

COST INCLUDES:

ROUND TRIP AIRFARE, HOTEL ACCOMMODATIONS, 2 MEALS PER DAY, GROUND TRANSPORTATION ON PRIVATE BUS TO ALL SOCCER GAMES AND SCHEDULED TOURIST DESTINATIONS, AIRPORT TAXES, TOURIST GUIDE AND STAFF.

MAXIMUM CAPACITY: 50 PARTICIPANTS

TO SIGN UP YOU NEED:

\$500 DEPOSIT
REGISTRATION FORM SIGNED

TO TRAVEL YOU WILL NEED:

A VALID PASSPORT AND 2 COLOR COPIES
REGISTRATION FORM SIGNED
MEDICAL RELEASE
PARENT CONSENT FORM FOR MINORS
TRAVEL FEE PAID IN FULL

Payment Schedule for trip to Costa Rica Summer 2011:

Oct 1, 2010: \$500 deposit
Dec 1, 2010: \$500
Mar 1, 2011: \$500
May 1, 2011: FINAL \$500 PAYMENT

*A late fee of \$50 will be assessed to payments that are not received on time. Exact times and dates of departure and itinerary are subject to change with prior notification.

Payment and refund policy:

All cancellations must be done in writing. Cancellations processed at least 90 days prior to departure will require a \$100 per person cancellation fee. 90-45 days prior to departure require a loss of 50% of the total program fee. Cancellations made within 45 days of departure require a loss of the total program fee. Fees are payable by check, cash or money order and due no later than the designated payment date. We reserve the right to cancel a tour at any time. In such case, the entire payment will be refunded without penalty or handling fee or any further obligation on our part. Fundraised money is not refundable. In the case of a cancellation, the fundraised money assigned to each account will be distributed amongst the rest of the participants or returned to the sponsor.

SAMPLE ITINERARY COSTA RICA 2011

- DAY 1: Leave the U.S. from LAX and Arrive in San Jose at *Juan Santamaria Airport*. Transfer by bus to *Hotel Colinas Alta Vista, Tarbaca*. Visit the city of San Jose at night.
- DAY 2: Orientation and breakfast. Travel to Cartago, visit *Volcan Irazu* and *Orosi Valley*. Outdoors lunch picnic style. Game 1 in *Tarbaca* at 7 p.m.
- DAY 3: Travel to San Carlos to the *Reserva Hidrologica Cataratas "Los Chorros"* waterfalls. Eat lunch at the waterfalls. Continue to city of San Carlos through *Bajos de Toro Amarillo*.
- DAY 4: Visit the biological forest and natural spa in San Carlos. As an optional activity you can ride a horse or do a canopy tour over the rain forest. Also visit the *Marina Zoo* and have an ecological lunch at the *La Casona restaurant*. Game 2 at *La Fortuna de San Carlos*.
- DAY 5: After breakfast go hiking up to a hidden waterfall around the *Arenal Volcano*. Visit the volcano and its lake. In the afternoon travel to *Real Beach* in *Matapalo, Santa Cruz de Guanacaste*. Enjoy the panoramic views. Stay at hotel *Bahia de Los Piratas*.
- DAY 6: Buffet breakfast. Enjoy the beach and the warm waters of the Pacific Ocean. Have fun in the sun.
- DAY 7: Fun activities at the pool and at the beach. Drive to Santa Cruz for lunch. Game 3 in *Matapalo de Nicoya*.
- DAY 8: After breakfast, travel back to San Jose. Eat dinner, relax and stay at *Hotel Colinas Alta Vista, Tarbaca*.
- DAY 9: Buffet breakfast, morning to relax and rest. Game 4 at *Villa Olimpica en Desamparados*. Return to *Hotel Colinas Alta Vista*.
- DAY 10: After breakfast, do all your souvenir shopping in San Jose. White-water rafting optional (\$100). Good-bye dinner at *Mirador Rustico Ram Luna* with surprise performance. Travel to the airport to fly back to Los Angeles, Ca.

HOTELS:

<http://www.colinasaltavista.com>

<http://www.allegropapagayo.com>

<http://www.bahiadelospiratas.com>

<http://www.tabacon.com>

<http://www.occidentalhotelescostarica.com>



TRIP REGISTRATION FORM

REGISTRATION 2010-2011

Name: _____ Player() Guest()

Destination: _____ Costa Rica _____ Coach: _____

Trip dates: _____

Birth date: _____ Position _____

Address: _____

City, State and Zip: _____

Home phone: _____ Cell: _____

Fax: _____ E-mail: _____

Emergency contact name: _____ Ph: _____

Special medical needs: _____

Special meal needs: _____

Signature: _____

