ALPE D'HUEZ

SKI SCHOOL BOOKING FORM

SURNAME and FIRSTNAME: _____Phone number: _____
Home address: _____**Mobile phone number:** _____
Post code: _____ Town: _____ Country: _____
Address in the resort: _____
E-mail: _____

Period : from ...../...../..... to ...../...../.....
Group lessons, alpine ski, cross country & snowboard / Stages racing …

Nom et prénom	**Date Naiss.**	**Niveau préparé**	Matin	Midi	Après-midi	Matin + A-midi	Lunch	Alpine Ski	Cross country	Snow board	Stage Racing (GR)	Team Rider

Private lessons Period: from ...../...../..... to ...../...../.....

No. pupils	Surname and Firstname	**Birthdate**	Ski, snowboard, cross country, …	Level (prepared)	Name of the instructor (if known)	Your choice : morning, lunchtime, afternoon, full day and duration

Meeting place required : ☐ Bergers (BR) ☐ Grandes Rousses (GR)

Full Payment : Credit card N°__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/ Expiry date: ____/____/ Security code: __/__/__/

Total amount: _____€ Signature : _____

Return form to: ESF Service reservations - info@esf-alpedhuez.com
00.33.4.76.80.31.69