

CHALET DES ENFANTS BOOKING FORM

Surname: Birthdate:	Firstname: Level (prepared):	
Home address:		
Phone number:	Mobile phone number:	
E-mail :	· ·	

<u>Period</u>: from ___/__/ to ___/__/

<u>Chalet des enfants</u>

<u>6 days</u>			
Lessons	Times		
Ski, lunch and full day supervision	From 9.00 am to 4.45 pm*		
Ski and full day supervision without	From 9.00 am to 12.00 am		
lunch	and from 2.15 to 4.45 pm*		
Ski, lunch and supervision (morning)	From 9.00 am to 2.00 pm		
Ski, lunch and supervision (afternoon)	From 11.30 am to 4.45		
	pm**		
Ski and supervision (morning)	From 9.00 am to 12.00 am		
Ski and supervision (afternoon)	From 2.15 to 4.45 pm*		
Nursery and games (afternoon)	From 2.15 to 4.45 pm*		

* 2.30- 5.00 pm in February ** 5.00 pm in February

Full Payment :

Total amount: _____€

Signature: _____

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