

CHALET DES ENFANTS BOOKING FORM

Surname: _____ Firstname: _____

Birthdate: _____ **Level (prepared):** _____

Home address: _____

Phone number: _____ **Mobile phone number:** _____

E-mail : _____

Period: from ___/___/___ to ___/___/___

Tickets to be collected from :

ESF Bergers CHALET des Enfants Sent at home

Chalet des enfants

6 days

Lessons	Times	
Ski, lunch and full day supervision	From 9.00 am to 4.45 pm*	
Ski and full day supervision without lunch	From 9.00 am to 12.00 am 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 : Euro cheque

Credit card N° _____

Expiry date: ____/____/ Security code: ____

Total amount: _____ €

Signature: _____

Return form to: ESF Service reservations

info@esf-alpedhuez.com

BP 25

38750 Alpe d'Huez

FRANCE

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