



Booking form to be sent with the Health declaration form

Name and Firstname of the adult responsible for the child
Address
City / Postcode..... **Country**
Phone number (home) **Mobile phone**
Email.....@.....
Dates of Mini Club ski courses: from to

Up to 2 children, please complete another booking form

Child 1

NAME..... **FIRSTNAME**
Date of birth **Age**
Ski courses : ☐ 6 mornings ☐ 6 afternoons ☐ 6 days *
Childcare: ☐ 6 afternoons
☐ Lunch time (meal + care: 12-14pm) – 5 days (Monday to Friday)
☐ Option 6 days skipass (children 5 years old and over / Levels flocon, 1° étoile, 2° étoile et 3° étoile) : 110.50 € *
☐ Option insurance « Carre Neige Intégral » : 22.20 €
 Has already done weeks of ski lessons.
 Level to prepare..... **Total child 1 :**
 * for children 5-8 years old

Child 2

NAME..... **FIRSTNAME**
Date of birth **Age**
Ski courses : ☐ 6 mornings ☐ 6 afternoons ☐ 6 days *
Childcare : ☐ 6 afternoons
☐ Lunch time (meal + care: 12-14pm) – 5 days (Monday to Friday)
☐ Option 6 days skipass (children 5 years old and over / Levels flocon, 1° étoile, 2° étoile et 3° étoile) : 110.50 € *
☐ Option insurance « Carre Neige Integral » : 22.20 €
 Has already done weeks of ski lessons.
 Level to prepare **Total child 2 :**
 * for children 5-8 years old

Total Amount:

€

☐ CB ☐ Chèque ☐ Chèques vacances

N° CB ____/____/____/____ Expiry ____/____ code

I authorize the Mini Club Les SkiMômes to deduct the total amount from my credit card.

Signature

I confirm that I have read and accepted the booking conditions.

Date

To be sent with the health declaration form duly completed at least 2 weeks before your stay : contact@esfarc1800.com or
 Ecole du ski Français – ARC 1800 – F - 73700 Bourg St Maurice