



**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) : 114 € \*  
 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) : 114 € \*  
 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](mailto:contact@esfarc1800.com) or  
 Ecole du ski Français – ARC 1800 – F - 73700 Bourg St Maurice