

Booking Form

Name (of party leader) _____
 Address _____

 Email _____
 Telephone _____

No of Adults _____
 No of Children _____
 Infant 2 - 5 6 - 10 11 - 15

Please tick as appropriate

Date of Holiday 1 - 2 weeks	Surname	First Name(s)	Address & Telephone No.

DECLARATION

I have read and agree to the conditions and liabilities and accept the terms and conditions of insurance. I am 18 years or older and declare I am authorised to sign the declaration on behalf of the person(s) named.

Deposits 300 pounds for chalet Please enclose deposit plus insurance premiums with booking forms. Balance payable within 8 weeks of departure.