



Group Booking Form

Your Details - Group Leader

Title: _____
First Name: _____
Surname: _____
Address: _____

email: _____

Tel: Home: _____ Mobile: _____

Next of Kin: _____
emergency contact details - contact name & tel number

Course Details

Course Title: _____
Course Dates: _____
Course Fee: _____
Course Location: _____

About You

Skiing Experience: _____ how many weeks

Medical Details: _____
anything we need to know about

How did you hear about this course: _____

Course Deposit - Group Total

Course bookings must be accompanied with a deposit, set at 10% of the full course fee
Deposit of £_____ enclosed (cheque) / pre-paid bank transfer

I have read and accepted the booking conditions (attached document)

Signature: _____ Date: _____