



Booking Form

Your Details



Title: _____

First Name: _____

Surname: _____

D.O.B.: (if under 18) _____

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

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: _____
(parent/guardian if under 18)