

**This booking form is for children who are Over 6 but Under 12 years of age when they travel  
Rosemead Ski Trip Florentinum Mountain Lodge Arosa Switzerland 26.03.10 to 03.04.10**



Surname \_\_\_\_\_ Forename \_\_\_\_\_ Sex \_\_\_\_\_ D of B \_\_\_\_\_ Diet - Vegetarian / Non vegetarian  
 Address \_\_\_\_\_ Post Code \_\_\_\_\_  
 email \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ Mobile \_\_\_\_\_ Height \_\_\_\_\_ Shoe Size \_\_\_\_\_  
 Known medical conditions \_\_\_\_\_  
 Known allergies \_\_\_\_\_

Mr G Shirt  
 The Ski Company  
 4a Nelson Road  
 Greenwich  
 London SE10 9JB

Half board accommodation and 6 day ski pass . . . . .	£450	
Packed lunch for 6 days . . . . .	£15	£ _____
Return transfer by coach and train, departing 26th March 2010, returning 3rd April 2010 . . . . .	£60	£ _____
Winter sports insurance . . . . .	£20	£ _____
Hire of ski boots . . . . .	£10	£ _____
Hire of skis . . . . .	£20	£ _____
Hire of snowboard boots ( For children a minimum height of 150 cms is suggested ) . . . . .	£10	£ _____
Hire of snowboard ( For children a minimum height of 150 cms is suggested ) . . . . .	£20	£ _____
Ski lessons, 5 hours per day for 6 days . . . . .	£85	£ _____
Snowboard lessons, 5 hours per day for 6 days . . . . .	£85	£ _____
Purchase of helmet ( <b>wearing of helmet compulsory if under 18 years of age</b> ) . . . . .	£20	£ _____
<b>Total</b>		<b>£ _____</b>

T: 020 8858 9535  
 F: 020 8858 5511  
[skicompany@btconnect.com](mailto:skicompany@btconnect.com)  
[www.skicompany.net](http://www.skicompany.net)



Florentinum  
Arosa



La Moubra  
Crans-Montana



Hotel de la Telecabine  
Les Crosets



Gold Test Centre  
Torgon

I understand that if I have booked the insurance policy above there is a policy excess is £50 per claim. I have read the Booking Terms & Conditions overleaf and agree to abide by them. I agree to inform The Ski Company in writing of any changes to the above information. I give my consent for representatives of The Ski Company to authorise, in an emergency, medical treatment for the above named person.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_ **Please print your name clearly** \_\_\_\_\_  
Parent or Guardian

**Emergency Contact Details ( for a person not in resort )** Surname \_\_\_\_\_ Forename \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Please return completed form and the deposit of £100 ( cheques payable to The Ski Company ) to the Rosemead School Office in an envelope marked for: The attention of Sue Sawyer. Please enclose a photocopy of your EHIC card, passport and, if you are using your own insurance, policy details if they are available.**

**Your form will not unfortunately be accepted unless all sections have been completed and all requested documentation attached.**

**The balance of the holiday cost is to be paid at the Rosemead Ski Meeting that will take place at 3:45 on Monday 8th March 2010.**

**Should you wish to contact the Ski Group Leader please email Sue Sawyer on [sue@elginpartners.co.uk](mailto:sue@elginpartners.co.uk)**

**If you are making your own way to resort please arrive after 12.00 on 27th March and depart before 10.00 on 3rd April. If you wish to arrive earlier or stay later please contact 020 8858 9535 to check availability and additional cost.**