



This booking form is for little ones who are Under 6 years of age when they travel

Rosemead Ski Trip La Moubra Crans-Montana Switzerland
Coach transfers depart evening of 30/04/12 returning mid morning of 07/04/12



Surname _____ Forename _____ Sex _____ D of B _____ Diet - Vegetarian / Non vegetarian

Address _____ Telephone (Home) _____ Mobile _____ Height _____ Post Code _____ Shoe Size _____

Known medical conditions _____

Known allergies _____

Half board accommodation and 6 day ski pass £350

Packed lunch for 6 days £15 £ _____

Return transfer by coach departing 30th March 2012, returning 7th April 2012 £60 £ _____

Winter sports insurance £20 £ _____

Hire of ski boots £10 £ _____

Hire of skis (suitable for beginners and intermediates) £20 £ _____

Creche Ski lessons, 5 hours per day for 6 days (I have skied for _____ weeks prior to this trip) £250£ _____

Purchase of helmet (wearing of helmet compulsory if under 18 years of age) £20 £ _____

Total £ _____

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 if under 18 years of age

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

Please return completed forms, the deposits of £100 per person (cheques payable to The Ski Company), a copy of your EHIC cards, passports and if you are using your own insurance , policy details if they are available, to Rosemead in an envelope marked ' Skiing ' as soon as is convenient.

The Ski meeting will take place at TPR on Wednesday 29th February at 3:35 to 4:35 at which stage the balance of the holiday cost should be paid. For those unable to make the meeting, please arrange for a cheque made out for the correct balance to be deposited at the School.

If you are making your own way to resort please arrive after 12.00 on 31st March and depart before 10.00 on 7th April. If you wish to arrive earlier or stay later please contact 020 8858 9535 to check availability and additional cost.



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

T: 020 8858 9535
F: 020 8858 5511
skicompany@btconnect.com
www.skicompany.net



La Moubra
Crans-Montana



This booking form is for children who are Over 6 but under 16 years of age when they travel

Rosemead Ski Trip La Moubra Crans-Montana Switzerland
Coach transfers depart evening of 30/04/12 returning mid morning of 07/04/12



Surname _____ Forename _____ Sex _____ DoF B _____ Diet - Vegetarian / Non vegetarian

Address _____ Telephone (Home) _____ Mobile _____ Height _____ Post Code _____ Shoe Size _____

Known medical conditions _____ email _____

Known allergies _____ Half board accommodation and 6 day ski pass £565

Packed lunch for 6 days £15 £ _____

Return transfer by coach departing 30th March 2012, returning 7th April 2012 £60 £ _____

Winter sports insurance £20 £ _____

Hire of ski boots £10 £ _____

Hire of skis (suitable for beginners and intermediates) £20 £ _____

Ski lessons, 5 hours per day for 6 days (I have skied for _____ weeks prior to this trip) £100 £ _____

Purchase of helmet (**wearing of helmet compulsory if under 18 years of age**) £20 £ _____

Total £ _____

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 if under 18 years of age _____

Emergency Contact Details (for a person not in resort) Surname _____ Forename _____ Telephone Number _____

Address _____

Please return completed forms, the deposits of £100 per person (cheques payable to The Ski Company), a copy of your EHIC cards, passports and if you are using your own insurance , policy details if they are available, to Rosemead in an envelope marked ' Skiing 'as soon as is convenient.

The Ski meeting will take place at TPR on Wednesday 29th February at 3:35 to 4:35 at which stage the balance of the holiday cost should be paid. For those unable to make the meeting, please arrange for a cheque made out for the correct balance to be deposited at the School.

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La Moubra
Crans-Montana



This booking form is for students who are Over 16 but Under 25 years of age when they travel

Rosemead Ski Trip

La Moubra

Crans-Montana

Switzerland

Coach transfers depart evening of 30/04/12 returning mid morning of 07/04/12



Surname _____ Forename _____ Sex _____ D of B _____ Diet - Vegetarian / Non vegetarian

Address _____ Telephone (Home) _____ Mobile _____ Height _____ Post Code _____ Shoe Size _____

email _____ Telephone (Home) _____ Mobile _____ Height _____ Shoe Size _____

Known medical conditions _____

Known allergies _____

Half board accommodation and 6 day ski pass £625

Packed lunch for 6 days £15 £ _____

Return transfer by coach departing 30th March 2012, returning 7th April 2012 £60 £ _____

Winter sports insurance £20 £ _____

Hire of ski boots £10 £ _____

Hire of skis (suitable for beginners and intermediates) £20 £ _____

Hire of skis (suitable for advanced and demanding skiers) £50 £ _____

Ski lessons, 5 hours per day for 6 days (I have skied for _____ weeks prior to this trip) £100 £ _____

Purchase of helmet (**wearing of helmet compulsory if under 18 years of age**) £20 £ _____

Total £ _____

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 if under 18 years of age

Emergency Contact Details (for a person not in resort) Surname _____ Forename _____

Address _____ Telephone Number _____

Please return completed forms, the deposits of £100 per person (cheques payable to The Ski Company), a copy of your EHIC cards, passports and if you are using your own insurance , policy details if they are available, to Rosemead in an envelope marked ' Skiing 'as soon as is convenient.

The Ski meeting will take place at TPR on Wednesday 29th February at 3:35 to 4:35 at which stage the balance of the holiday cost should be paid. For those unable to make the meeting, please arrange for a cheque made out for the correct balance to be deposited at the School.

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La Moubra
Crans-Montana



This booking form is for adults who are Over 25 years of age when they travel

Rosemead Ski Trip

La Moubra

Crans-Montana

Switzerland

Coach transfers depart evening of 30/04/12 returning mid morning of 07/04/12



Surname _____ Forename _____ Sex _____ DofB _____ Diet - Vegetarian / Non vegetarian

Address _____ Telephone (Home) _____ Mobile _____ Height _____ Post Code _____ Shoe Size _____

Known medical conditions _____

Known allergies _____

Half board accommodation and 6 day ski pass £685

Packed lunch for 6 days £15 £ _____

Return transfer by coach departing 30th March 2012, returning 7th April 2012 £60 £ _____

Winter sports insurance £20 £ _____

Hire of ski boots £10 £ _____

Hire of skis (suitable for beginners and intermediates) £20 £ _____

Hire of skis (suitable for advanced and demanding skiers) £50 £ _____

Ski lessons, 5 hours per day for 6 days (I have skied for _____ weeks prior to this trip) £100 £ _____

Purchase of helmet £20 £ _____

Total £ _____

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** _____

Emergency Contact Details (for a person not in resort) Surname _____ Forename _____

Address _____ Telephone Number _____

Please return completed forms, the deposits of £100 per person (cheques payable to The Ski Company), a copy of your EHIC cards, passports and if you are using your own insurance , policy details if they are available, to Rosemead in an envelope marked ' Skiing 'as soon as is convenient.

The Ski meeting will take place at TPR on Wednesday 29th February at 3:35 to 4:35 at which stage the balance of the holiday cost should be paid. For those unable to make the meeting, please arrange for a cheque made out for the correct balance to be deposited at the School.

If you are making your own way to resort please arrive after 12.00 on 31st March and depart before 10.00 on 7th April. If you wish to arrive earlier or stay later please contact 020 8858 9535 to check availability and additional cost.



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