

PLEASE USE BLOCK CAPITALS AND DELETE/SELECT AS APPROPRIATE

RESORT AND HOTEL (Please Select)						AIRPORT:
FLAINE La Terminal Neige Totem	CREST VOLANT Le Montcharvin	LA CLUSAZ Le Beauregard	LES SAISIES Le Very	MORZINE Le Champs Fleuris	DEPARTURE DATE:	Gatwick <input type="checkbox"/> Heathrow <input type="checkbox"/> Or _____ <input type="checkbox"/>

	Title	First Name	Surname	Address and email	Telephone	Date of Birth	Ski Pass?	Room Occupancy
1				Email:			Yes <input type="checkbox"/> No <input type="checkbox"/>	Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/>
2				Email:			Yes <input type="checkbox"/> No <input type="checkbox"/>	Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/>
3				Email:			Yes <input type="checkbox"/> No <input type="checkbox"/>	Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/>

SKIING LEVEL : Our holidays comprise of small groups of similar skiing ability. In order to ascertain your skiing ability, we invite you to visit our website at www.classicalpine.com and look at the SKI LEVELS section. Please select your level and indicate below

	Ski Hire?	Boot Hire?	Ski Guiding or Tuition?	SKI LEVEL: Please indicate the most accurate description of your skiing level				
1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Guiding <input type="checkbox"/> Tuition <input type="checkbox"/>	Novice <input type="checkbox"/>	Careful Intermediate <input type="checkbox"/>	Steady Intermediate <input type="checkbox"/>	Adventurous Intermediate <input type="checkbox"/>	Adventurous <input type="checkbox"/>
2	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Guiding <input type="checkbox"/> Tuition <input type="checkbox"/>	Novice <input type="checkbox"/>	Careful Intermediate <input type="checkbox"/>	Steady Intermediate <input type="checkbox"/>	Adventurous Intermediate <input type="checkbox"/>	Adventurous <input type="checkbox"/>
3	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Guiding <input type="checkbox"/> Tuition <input type="checkbox"/>	Novice <input type="checkbox"/>	Careful Intermediate <input type="checkbox"/>	Steady Intermediate <input type="checkbox"/>	Adventurous Intermediate <input type="checkbox"/>	Adventurous <input type="checkbox"/>

	Beginners Group: Les Saisies, 15-22 Jan	Beginners Group: Les Saisies, 13-20 Mar	Off-Piste Group: Flaine, 22-29 Jan
1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Information
Will you be taking a separate ski bag as checked luggage? Yes / No
Will you be taking a separate boot bag as checked luggage? Yes / No
Interested in sharing a room with another guest? Yes/ No
Special dietary requirements:

How did you hear about Classic Alpine Ski Club?

Booking Declaration

I have read the "Booking Conditions" and agree these on behalf of myself and as authorised agent for all other persons listed above.

Name: _____

Signature: _____

Date: _____

Phone: _____

Please note that it is requirement of booking a holiday with Classic Alpine that you buy appropriate Travel and Winter Sports Insurance. You will need to supply details of your insurance when you pay the balance of your holiday.

Payment Details

Deposit £250 per person per holiday:
(if you are departing within 8 weeks please enclose full payment) £

Cheque Enclosed (payable to 'The Mountain Experience Company Ltd Trust Account') ☐

Charge My Card: Debit ☐ Credit ☐ Mastercard ☐ Visa ☐ Maestro ☐ Visa Debit ☐

Card No:

3 Digit Security Code: Valid From: / To: /

Card Holders Name: _____
Please note there is a 2% surcharge on all balance payments made by credit card.

Signature: _____