

PLEASE USE BLOCK CAPITALS AND DELETE/SELECT AS APPROPRIATE

RESORT AND HOTEL (Please choose your holiday)

La Clusaz

Hotel Beauregard
8th to 15th January 2016
(Friday to Friday)

Les Saisies

Hotel Le Very
22nd to 29th January 2016
(Friday to Friday)

La Clusaz

Hotel Christiania
6th to 13th March 2016
(Sunday to Sunday)

Morzine

Hotel Champs Fleuris
13th to 20th March 2016
(Sunday to Sunday)

	First name	Surname	Address and email	Telephone	Date of birth	Room occupancy
1			Email			<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
2			Email			<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
3			Email			<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double

SKIING LEVEL: Skiing is most fun if you're with a group of other skiers of similar ability. In order to make up such groups, we need you to tell us your ski level. Please visit <http://www.vividmountain.com/determine-your-ski-level> to find your level and then indicate below which applies to everyone in your group:

Guest name	Ski Hire	Boot Hire	Ski Level (1 - 6)	Add Off-Piste Tuition (4 full days) Available 8th to 15th Jan only	Add Beginners Tuition (6 full days) Available 22nd to 29th Jan only
1	YES / NO	YES / NO		YES / NO	YES / NO
2	YES / NO	YES / NO		YES / NO	YES / NO
3	YES / NO	YES / NO		YES / NO	YES / NO

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: _____

Tel.: _____

Please note that it is requirement of booking a holiday with Vivid Mountain 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 £200 per person per holiday: £
(if you are departing within 8 weeks please enclose full payment)

Charge my:

Debit ☐ Credit ☐ Mastercard ☐ Visa ☐ Maestro ☐ Visa Debit ☐

Card no

3 digit sec. code Valid from / .to /

Card holder's Name: _____

Please note there is a 2% surcharge on all balance payments made by credit card.

Signature: _____

Other Information

Are you interested in sharing a room with another guest?

Yes/ No

Special dietary requirements

Discount Code

