BOOKING FORM

DATE OF ARRIVAL	*DATE OF DEPARTURE*
METHOD OF TRAVEL	*ARRIVE GENEVA AT:*
FLIGHT COMPANY & FLIGHT NUMBER	*DEPART GENEVA AT:*

NAMES OF ALL MEMBERS OF THE PARTY
Please enter party leaders name first

CHRISTIAN NAME	*SURNAME*	*AGE IF UNDER 18*	*GENEVA TAXI Y/N*	*SPECIAL REQUIREMENTS*

ADDRESS FOR CORRESPONDENCE -

EMAIL:

TELEPHONE HOME

MOBILE

Deposit of €150 per person, per week, or full amount if departure is within ten weeks _____

Payment by visa/mastercard - No surcharges! Or you can make a direct payment into our French Bank Account

THE BOOKING CONDITIONS AND INFORMATION REGARDING CHALET HOLIDAY PRICES HAVE BEEN READ AND ARE ACCEPTED BY ME ON BEHALF OF ALL MEMBERS OF MY PARTY BY WHOM I AM DULY AUHORISED TO MAKE THIS AGREEMENT. I AM OVER 18 YEARS OF AGE.

SIGNATURE _____ *DATE* _____