

Educational website ____

□ Advertisement □ Agency



INTERNATIONAL SUMMER CAMP P.O. Box 174 **CH - 1936 Verbier** t. +41(0)27 775 35 90 f. +41(0)27 775 35 99

www.leselfes.com info@leselfes.com



REGISTRATION FORM 1 WEEK (1 week South of France)

PERSONAL INFORMATION		PERIODS AND COST				
		Session N°	Arrival	Departure	CHF	
Surname and Christian name :		☐ Session 1	28.06.2015	03.07.2015	5′790	
Sex:	M 🗆 🗡 F 🗆	☐ Session 2	26.07.2015	31.07.2015	5′790	
Date of birth:		☐ Session 3	23.08.2015	28.08.2015	5′790	
Place of birth:						
Nationality:		ADMINISTRATION			CHF	
Passport No.:		☑ TNT service (to receive original documents for visas)☑ Registration fees (compulsory)				
Mother tongue:		- Registration is	ces (compaisory)		150.	
Names of parents:		OPTIONAL	CERTIFICATEI			
or legal representative:			ailable upon reques		CHF	Tota
Child's school:			evel II, (2 days) RY			
Cilila 3 Scriool.			ıba Diving (2 days) er Carft, Jet Ski (1d			
		a reisonal wate	er carre, jet skr (10	dy) KIY 10 2.	400.	
Parent's address:		ADDITIONA	L LESSONS			
Postcode, town, country:			Discovery (2 session		160	
Parent's email address:			urse (2 sessions - 4		90	
Parent's Telephone:			dle (2 sessions - 4l g (4 sessions - 8h)	٦)	80 270	
Parent's Mobile Phone:		a biligity saming	9 (4 303310113 011)		270.	
Additional address (in case of an emergency):		INSURANCE (COMPULSORY)				
Emergency mobile phone number:			surance (Compulso		Included _	
Height of your child (in cm):		 ☑ Health and accidents (Compulsory), per week ☑ Cancellation insurance (Compulsory), per week 			120	
					50	
PREFERRED DIET						
□ European food □ Vegetarian □ 0	Other, please specify:			7	TOTAL	
beverages; daily cleaning of cabins; p tection products; tender and equipment	accommodation on board; food and rovision of bed linen, towels, sun proto for watersports; fuel costs, port costs ons; gifts and souvenirs; transfer from/					
Date and signature of legal representative:						
This form is to be sent to the address above. The registration is only valid on receipt of a non-refundable deposit of CHF 1'000.—, by cheque or bank-draft to our bank account at UBS SA, Clearing 0264, in favour of Les Elfes Verbier SA, account-No. 635256.01 G, Swift: UBSWCHZH80A OR Code IBAN: CH54 0026 4264 6352 5601 G. The balance must be paid one month before the participant's arrival.					S ELFES LUMNI	
HOW DID YOU HEAR ABOUT	US?			BI	VIVAL	
☐ Friend/Teacher ☐ Education Fair	Please specify exact source:					