

CHALET FLORALIE BOOKING FORM

Please complete both pages, sign and send with your deposit or full payment as appropriate - please see Booking Conditions.
Send or fax to: Ski Floralie Limited (Registered No. 06474292), c/o Densworth House, East Ashling, Chichester, West Sussex PO18 9AP.
Tel: +44 (0) 1243 575507 Fax: +44 (0) 1243 575860 Email: tanya@skifloralie.com www.skifloralie.com

PARTY LEADER'S DETAILS: (To whom all correspondence should be sent)

Name:
Address:
Postcode:
Telephone (daytime):
Telephone (Evening):
Mobile:
Email:

HOLIDAY DETAILS:

Holiday date: From	To:	No. of weeks
No. in party	No. of adults	No. of children

IF YOU ARE FLYING, PLEASE COMPLETE THIS SECTION:

Inbound:	Arrival Airport	Flight Number
	Departure Time UK	Arrival Time
Outbound:	Departure Airport	Flight Number
	Departure Time	Arrival Time

IF YOU ARE DRIVING, PLEASE COMPLETE THIS SECTION:

Expected arrival time to the chalet:

IF YOU ARE TRAVELLING BY TRAIN, PLEASE COMPLETE THIS SECTION:

Expected arrival time in Moutiers:

A deposit of 30% per person (40% on Peak Weeks) must accompany the booking form in order for your booking to be confirmed. Full amount to be paid if booking is within 11 weeks of departure.

Deposit(s)	£
Full payment if less than 10 weeks prior to departure	£
Total enclosed	£

PAYMENT BY CHEQUE:

Please make cheque payable to: Ski Floralie Limited

PAYMENT BY BANK TRANSFER:

Account name: Ski Floralie Limited
Bank: Coutts & Co, 440 Strand, London WC2R 0QS
Account no: 05793130 Sort code: 18-00-02
Bic no: COUTGB22 IBAN: GB88 COUT 1800 0205 7931 30
Reference: Please quote Party Leader name and invoice number as reference

I confirm that I have read and agree to Ski Floralie Limited's Booking Terms and Conditions and the terms of its privacy policy (both available on its website) and I am over 18 years of age. I hereby confirm on behalf of all members of my party that appropriate travel insurance will be held and continue for the duration of the holiday.

Signed

Date

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	TITLE	FIRST NAME (Include party leaders name)	SURNAME	AGE If under 18	CHALET ROOM NO.	SPECIAL REQUESTS/DIETRY REQUIREMENTS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

If you have NOT been to Chalet Floralie before, please let us know how you heard about us.	Please note that pre-booking ski school, private instructors & child care is essential to guarantee availability.
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