Registration form

										esF	
□ M ^{rs} □ M ^r Surname First name										3	
Address				•••••			•••••			**	
Zip code	Zip code Town					Country					
Address in Bel	le-Plagne										
Mobile phone			E-mai	I							
Please send the ESF Belle-Plagner You will receive	"Service inscrip	otions" – 73210	BELLE PLA	GNE – Pho	one. (00 3	3) 4 79 0	9 06 68 e-r	nail: i <u>nfc</u>	o@esf-belle	plagne.com	
Group lessor	ns			Ni.	unhau Day u		First day of	Mank	. Income		
SURNAME	FIRST NAME Date of bir		Discipline SI	ki level	**	norning, rnoon	First day of lessons	Meals (option		Total	
Your instruct	tor day or ha	lf day			Number		uius Sina	days of			
SURNAME	FIRST NAME	Date of birth	Discipline	Ski level	Number of days	Day, mor		day of sons	Insurance (optional)	Total	
Private lesso	ns				Number	Day man	min First	dou of	lucium non		
SURNAME	FIRST NAME	Date of birth	Discipline	Ski level	of days	Day, mor afterno	-	day of sons	Insurance (optional)	Total	
SKI LIFT PASS: with prove of	•	free for child	dren unde	r 5. You l	have to c	ollect it	t directly	from th	e ski lift pa	ass office	
insurance carr information: v	é-neige intégr	ral for 4 € per	-		_			-			
To pay											
☐ French check (order ESF Belle-Plagne)						☐ Bank transfer FR76 1680 7000 0611 8771 0119 361 CCBPFRPPGRE					
☐ Debit card					Date	:					
						 I have read and accept the general terms and conditions of sale 					
Expiry date visual verity code visual verity code										Saic	
					Signa	ture :					