



**APPLICATION FOR SCHOOL AND YOUTH GROUPS
WINTER CAMP 2018/2019**

Name of School or Group: _____

Name of Group Leader: _____

Department: _____

Address: _____

Postal Code: _____

Country: _____

Telephone Number(s): _____

Mobile Number(s): _____

Fax Number: _____

Email Address: _____

Website: _____

Number of Children: _____

Number of Staff: _____

When this application is accepted by Lovell Camps, we will require the following information about the children attending:

Name	First Name	Gender	Birthdate	Nationality	Ski/ Snowboard	Ability
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Please indicate any allergies, violent food dislikes or medical issues for group members.



	December/January		January/February		February/March		March
1	23.12.18 - 29.12.18	3	06.01.19 - 12.01.19	7	03.02.19 - 09.02.19	11	03.03.19 - 09.03.19
2	30.12.18 - 05.01.19	4	Fully Booked	8	09.02.19 - 15.02.19	12	Availability upon Request
		5	Fully Booked	9	Fully Booked	13	Availability upon Request
		6	Fully Booked	10	24.02.19 - 02.03.19	14	Availability upon Request

This is to certify that I agree to the terms and conditions for winter camp, and that if this application is accepted by Lovell Camps, I will pay the camp fees in accordance with the terms. I understand that no portion of the registration deposit will be refunded unless written notice indicating that the above-mentioned school or youth group will be unable to attend, is received by the camp **30 days before the session commences**. I understand and agree that no reduction in fees or allowance will be made for my groups or individual participants temporary absence, withdrawal or dismissal from camp.

Please indicate the session number and date required:

Session(s): _____

Dates: _____

Date: _____

Signature: _____