



## APPLICATION FOR SCHOOL AND YOUTH GROUPS WINTER CAMP 2016 - 2017

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: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

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

Name	First Name	Sex	Birthdate	Nationality	Ski/ Snowboard	Ability
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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 check or highlight the Session Date(s) Required:

	December/January		January/February		February		March
<b>1</b>	18.12.16 - 24.12.16	<b>5</b>	15.01.17 - 21.01.17	<b>8</b>	05.02.17 - 11.02.17		05.03.17 - 11.03.17
<b>2</b>	25.12.16 - 31.12.16	<b>6</b>	22.01.17 - 28.01.17	<b>9</b>	12.02.17 - 18.02.17		12.03.17 - 18.03.17
<b>3</b>	01.01.17 - 07.01.17	<b>7</b>	29.01.17 - <b>04.02.17</b>	<b>10</b>	19.02.17 - 25.02.17		19.03.17 - 25.03.17
<b>4</b>	08.01.17 - 14.01.17				26.02.17 - <b>04.03.17</b>		26.03.17 - <b>01.04.17</b>

Date: \_\_\_\_\_

Signature: \_\_\_\_\_