



## APPLICATION FOR SCHOOL AND YOUTH GROUPS WINTER CAMP

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.**



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: \_\_\_\_\_