



Chalet T Royal - Booking Form

Please return to:

Fiona Hopkinson

Chalet T Royal

30 Chemin de la Chovettaz d'en Haut

74170 Les Contamines Montjoie, France

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Please complete all sections of the booking form, sign and return it to Chalet T Royal with the deposit or full payment as appropriate. The person making the booking must be 18 or over and have the authority to act for all members of the party.

Party Leader (to whom all correspondence will be forwarded)

Name:

Address:

Telephone (Day):

E-mail:

Mobile:

(Eve):

Holiday Details

Arrival Date:

Departure Date:

No of adults:

Children (U-13):

Infants (0-3):

Nanny Services required:

Yes/No

Method of Travel: (please tick one)

Air

Train

Car

Other

Arrival Location:

Departure Location:

Arrival Time:

Departure Time:

Flight/Train No:

Flight/Train No:

Transfers required? Yes/No

Will you have skis/snowboard? Yes/No

I confirm for myself and all members of my party (whose authority I have to make this booking) that I have read and agree the terms and conditions of booking and that I am over 18 years of age.

Signed: _____ **Date:** _____

PLEASE NOTE: A deposit of £150 per person, or 20% of the full chalet price, is required to secure a booking. Full amount to be paid if booking within 60 days of departure.

Please make cheques payable to: RP & RJ TAYLOR

Deposit(s) £150 x =£

TOTAL PAYMENT ENCLOSED: £

Special Requirements: please use this area to indicate any dietary or special needs that you have, including cots, highchairs, child gates, etc. Continue overleaf if necessary.

Insurance Declaration: We understand that it is a condition of coming on holiday to Chalet T Royal that all guests have appropriate insurance for the activities that they intend to pursue whilst staying there. We have in force an Insurance Policy that provides cover for cancellation, curtailment, and winter sports, including mountain rescue and repatriation. The policy is current and does not expire until the date of my departure from Chalet T Royal. This information is required 28 days before the commencement of your holiday)

Insurance Company: _____ **Policy No:** _____

Expiry Date: _____ **Emergency Phone No.:** _____

Signed: _____ **Date:** _____

	TITLE	CHRISTIAN NAME	SURNAME	AGE IF UNDER 18	FULL ADDRESS INC. POSTCODE	DOUBLE OR TWIN ROOM PREFERRED	Level of skiing (if pre-booked ski school required)	Ski Pass* No of days required
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

At Chalet T Royal we undertake to fulfill all our clients' requests to the best of our ability. However, bookings are processed on a strict order of receipt. We strongly advise early booking in order to ensure that we are best able to ensure the sleeping and childcare facilities of your choice.

* We are happy to pre-purchase ski passes for our clients. Payment for ski passes must be paid in cash on arrival.