

PUPIL'S NAME\* \_\_\_\_\_ CLASS \_\_\_\_\_

**\*Please ensure this is the name as shown on your son's or daughter's passport; if this information is given incorrectly it makes the air ticket incorrect and prevents a pupil from travelling!**

SECTION A. SKIING Please complete this section for skiers		SECTION B. SNOWBOARDING Please complete this section for snowboarders	
Standard	<input type="checkbox"/> A Beginner <input type="checkbox"/> B Able to complete controlled snow plough turns (1 week) <input type="checkbox"/> C Able to complete stem turns (2 – 4 weeks) <input type="checkbox"/> D Able to complete parallel turns (5 – 8 weeks) <input type="checkbox"/> E Experienced parallel skier (9 weeks)	Standard	<input type="checkbox"/> Beginner  <input type="checkbox"/> Experience ____ weeks
EQUIPMENT	<input type="checkbox"/> Own boots <input type="checkbox"/> Own skis	EQUIPMENT	<input type="checkbox"/> Own Boots <input type="checkbox"/> Own Board
PERSONAL DETAILS	Height – Metric in centimetres please	Snowboarding prices cannot be confirmed until we have full details on numbers and experience. Cost will be between £40 and £80. There is no discount for those with their own equipment.	
	Weight – Metric in kilograms please	Chin Height – Metric in centimetres please	
SECTION C. Please complete these sections for ALL party members		Shoe Size – British Sizing. Prefix with C to indicate child size eg C12	
HELMET	All pupils in Year 6 and below MUST wear helmets. They may also be booked for pupils in other year groups who wish to order them.	SIZE: Small (55 cm) <input type="checkbox"/>	Medium (56-57 cm) <input type="checkbox"/>
Dietary	<input type="checkbox"/> Vegetarian	Large (58 cm) <input type="checkbox"/>	Hire cost is £12 <input type="checkbox"/> Own helmet <input type="checkbox"/>
Medical	Other – Not likes and dislikes!		
	Please note any medical condition or information of which we should be aware, and sign the medication consent below.		

I give permission for my son / daughter to receive suitable medication as may be deemed necessary for minor ailments. Please give details of any medication which should **not** be used.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

*Please return this form together with your interim payment of £300 by Friday 26 September.*