

**Eskimogul  
Club Ski Ltd**

Wayside  
Coast Hill  
Westcott  
Surrey RH4 3LH

Phone: +44 (0)1306 877 123  
Mobile: +44 (0)776 419 1373  
Email: bash@eskimogul.com  
Web: www.eskimogul.com



**Please complete and return to Eskimogul**

PARTY LEADER		CHALET NAME	
Title	First Name	Surname	
Address			
		Postcode	
Telephone (day)		(evening)	
Fax		Email	
Arrival date		Departure date	
Number in party	Adults	Children	Infants

PARTY MEMBER DETAILS (please start with party leader)				
First Name	Surname	Age if under 18	Special Dietary Requirements	Insurance Details
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

Please continue on a separate sheet if necessary.

I have read and understood the booking conditions. I accept these conditions on behalf of those booked in my name.

Signature	Date
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Please indicate below if you would like us to organise the following services for your party.  
We will contact you to discuss your individual requirements:

How Many?

- Transfers from Geneva required? Yes/No
- Childcare Required? Yes/no
- Lift Pass Yes/No
- Skis / Boots / Boards Yes/No

**Flight Details: (if known at time of booking)**

**Date** ...../...../.....      **Flight No.** .....

**Depart** .....      **HH** ..... **MM** .....

**Arrive Geneva** .....

**Dep. Date** ...../...../.....      **Flight No.** .....

**Depart Geneva** HH..... MM.....