

Allez Alps Booking form



Lead Person	
Name	
Address	
Postcode	

Contact Details	
E-mail	
Home telephone	
Work telephone	
Mobile telephone	

Party Details		Age (19 and under)	Ski School Y/N	Lift Pass * (A,C,J,I,S)**	Airport transfer Y/N	Arrival Date dd/mm/yy	Flight arrival details (transfers only)				Departure Date dd/mm/yy	Flight departure details (transfers only)				Estimated arrival time by car	Special dietary requirements
							Airport	Airline	Flight no	Time		Airport	Airline	Flight no	Time		
	Forename & Surname																
1																	
2																	
3																	
4																	
5																	
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7																	
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9																	
10																	
11																	
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13																	
14																	
15																	

* We will assume you will want a Portes du Soleil hands free pass unless otherwise told.

** Adult, Child (5-16), Jeune (16-19), Infant (to 4), Senior (63 and over)

**Please return this document by email or
by post to:**

Allez Alps Limited
The Old Cart House
Boswinger
Gorran
Cornwall PL26 6LL

Tel: +44 1726 216535

Signed: _____

Name: _____

Date: _____

Other information: