

Ski camp application form

(Fax to +64 3 443 1975)

Applicant

Name:	Surname:	DOB:
Address:		FIS No:
City:	State:	Country:

Phone / Email

Phone Hm:	Fax:	Mobile:
Email:		

Parents / Guardian Details

Name:
Address:
Contact Ph:

Camp Details

<input type="checkbox"/> FIS Race Camp	<input type="checkbox"/> FIS Development Camp	<input type="checkbox"/> Junior Camp
Flight Nr:	Arrival Date / Time:	
Flight Nr:	Departing Date / Time:	
No Of Weeks:		

Airport transfer only from International Airport, Zurich.

Insurance Details

Name of company:
Phone No:
Period of cover:

Payment Details

Name on Card:	Card type:	
Credit Card No:	Expire Date:	
<input type="checkbox"/> Pay with Credit Card	<input type="checkbox"/> Pay with Bank Cheque	<input type="checkbox"/> Bank Transfer

I have read and agree to all the Terms and Conditions.

Date:	Signature:
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Comments: