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No ..................

REGISTRATION FORM

WEEKEND TRIP TO **ZINAL** - WINTER 2019

**Please fill only the fields marked with a star \*.**

Name \*................................................................ Date of birth \*............................... Male \* Female \*

First name \*............................................................ E-mail \*.................................................................................................

Address \*........................................................................... Postcode \*..................... Town \*..........................................

Telephone Professional \*.......................................................... Private \*...................................................................

Mobile \*..................................................................

Sharing with ................................................................................................................................................................................

Vegetarian YES \* NO \* Member 2018 /2019 YES \* NO \*

Total amount paid ................................................................................

**I have read the trip rules (overleaf), I am appropriately insured and declare that I am in good enough physical condition to take part in the different activities. If in doubt, please ask the organizer for advice.**

**Date :** \***............................................ Signature :** \***.....................................................**

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No ................ SKI CLUB INTERNATIONAL

RECEIPT FOR FINAL BALANCE

Winter Ski Trip to **ZINAL** (Switzerland)

Date: Friday 8th March - Sunday 10th March 2019

Hotel << **EUROPE \*\*\*** >> **Telephone:** 027- 475 44 04 ¦ **E-mail:** info@europezinal.ch **¦ Internet:** http://www.europezinal.ch

**PRICES: CHF 420.- ( 4 in a room ) CHF 530.- ( 2 in a room)**

(The hotel has a health centre with **Fitnessroom, Sauna & Jacuzzi** so bring your sport and swimming gear)

Includes half-board accomodation in rooms for 2 or 4 persons, transport by LeCar.ch coach and ski pass.

Received from \* .........................................................................................................................................................................

The sum of CHF .........................................................................................................................................................................

Signed .................................................................................. Date ..............................................................................................

**Departure :** from **Place des Nations** - Friday 8th March at **17:30 sharp**.

Dinner will be served on arrival in Zinal. **Bring your DVD for the bus ride.**

(Return Sunday 10th March 2019, e.t.a. 21:00 hours) E-mail : norayr.kurkdjian@ville-ge.ch

Surcharge for non members CHF 40.- Organizer: Kurkdjian Norayr Mobile : 079-719 64 44

If you cancel, a full refund of this payment cannot be guaranteed. (Minimum cancellation fee CHF 100.-)

**Full payment (cash only) must be received on inscription.**

**THE OUTING RULES OF THE S.C.I.G.**

By enrolling on this trip, participants declare that they are physically fit and able to carry out the activities that they have chosen. They accept that there are risks in such activities and that the S.C.I.G. cannot accept liability for any injuries or accidents that may occur on the trip.

Play safe - ensure that you have good medical insurance cover, follow the safety instructions and exercise due care and consideration to others during the trip.

De par son inscription, tout participant reconnaît être en bonne condition physique et suffisamment entraîné pour prendre part aux différentes activités proposées, tout en étant conscient des risques éventuels à la pratique de tel ou tel sport.

En outre, il confirme être au bénéfice de prestations en matière d’assurances maladie et accident car, en aucun cas, le S.C.I.G. ne saurait être tenu pour responsable.

Vérifiez bien votre couverture médicale, soyez prudent, respectez les consignes de sécurité, la bonne marche de l’organisation et amusez-vous bien.

**Lieu de rendez-vous**

**Meeting point**

