No	NICED ATION FORM	
	GISTRATION FORM	DITED 2026
WEEKEND I RIP Please fill only the fields marked with a star *.	TO WENGEN - W	INTER 2026
Name *	Date of birth *	Male * Female *
First name *		
Address *	Postcode *	Town *
Telephone Professional *	Private *.	
-		*
Sharing the room with		
Vegetarian YES *□ NO *□	Member 2025	5 / 2026 YES * NO * NO
	Total amount paid	
I have read the trip rules (overleaf), I amphysical condition to take part in the difference		
Date: *	Signature : *	
No SKI C	CLUB INTERNATIONAL	
RECEIP	PT FOR FINAL BALANC	Œ
Winter Ski Trip to WENGEN (Swit	tzerland)	
Date: Friday 30th January - Sunday 1	<i>'</i>	
3	•	
Hotel FALKEN Telephone: 033-856 51	21 E-mail: <u>info@hotelfalken.con</u>	n Internet: http://www.hotelfalken.com
Hotel FALKEN Telephone: 033-856 51 PRICES: CHF 620 (4-5 in a room) Cl		

Departure: from **Place des Nations** - Friday 30th January 2026 at <u>17:30 sharp</u> we have a train to catch. Dinner (Buffet) will be served on arrival at the Hotel Falken in Wengen. (Return Sunday 1st February 2026, e.t.a. 21:00 hours)

Organizer: Norayr Kurkdjian E-mail: kurkdjian58@gmail.com Mobile: 079-719 64 44

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

The topography of the hotel means that the allocation of rooms will be eclectic, rather than on a first come, first served basis, thank you for your understanding.

Full payment (cash, TWINT or e-banking) must be received on inscription.

TWINT: +41797196444 - (A TWINT blocks after the first CHF 5000.- paid on my account A)

 $\textbf{e-banking}: IBAN: CH3300279279D65666441 \mid Beneficiaire: \ M.\ Norayr\ KURKDJIAN | Beneficiaire: \ M.\ Norayr\ KURKDJIAN |$

UBS SA, Vermont-Nations | Chemin Louis-Dunant 17bis, CH 1202 Genève | BIC: UBSWCHZH80A

THE TRIP 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

