



REGISTRATION FORM

Fill in the form and send by post / mail / fax (1 by group)
(send a copy and keep the original)

Chamonix Aventure Montagne & voyages - les Biolles 74660 Vallorcine

Tél : 33 (0)977 761 362 – Mobile : 33 (0)680425849

Fax : 33 (0)450546173 - Email : contact@chamonix-aventure.com

PROGRAM :

DATE : **Number of person :**

Name(s) – Forename(s) :	Birth date :	Adress group leader :
.....
.....
.....	Town
.....	Mobile phone :
.....	Email :@.....
.....	Person to prevent in case of urgency :

* Off piste & heli skiing : You are on : ski snow-board

Your off piste skiing experience/level :

ASSURANCE	
I subscribe the insurance assistance repatriation EUROP ASSISTANCE (2,1 % of the amount)	<input type="checkbox"/> yes <input type="checkbox"/> no
I subscribe the insurance assistance repatriation + cancellation + interruption of stay + luggage EUROP ASSISTANCE (4,2 % of the amount)	<input type="checkbox"/> yes <input type="checkbox"/> no
I subscribe the Daily Insurance Ski Europ Assistance : 5 € per day	<input type="checkbox"/> yes <input type="checkbox"/> no

ATTENTION : An insurance for assistance rescue, repatriation and cancellation is compulsory.

For your safety, we recommend you to subscribe one of the insurance contracts EUROP ASSISTANCE we propose to you, to complete your own protection for the following risks : Repatriation, Cancellation, loss of luggage, interruption of stay. We remind to you that a payment by credit card provides only limited guarantees.

You have your own insurance : give us your Contract number and phone number 24h/24 to join your insurance

PAYMENT payment by credit card (look page 2) bank transfer

Unit price	Number	Supplement	Total
Program :			
Extra(s) :			
Insurance 3,6 % ou 1,8 %			
Total cost			
Deposit – 30% of the total			
Balance to pay at 45 days from departure			

I made myself acquainted and I approved the general terms of sale & conditions

Date et signature :

AUTORISATION DE DEBIT CARTE DE CREDIT / CREDIT CARD AUTHORIZATION

Merci de compléter et signer l'autorisation ci-dessous et de nous la retourner .

Ce document est indispensable et vous devez nous le faire parvenir soigneusement et lisiblement rempli afin que nous puissions confirmer la réservation de votre voyage. / *Please complete and sign the following form and fax it back to us with a copy of ID. This document is essential and it must be correctly readable so that we may proceed with your reservation, otherwise we cannot guarantee your departure.*

Je, soussigné(e) /.....autorise/ authorize CHAMONIX AVENTURE MONTAGNE & VOYAGE à prélever sur ma carte bancaire le montant de / to charge my credit card with following amount :
.....EUR - En lettres / The amount in words:.....

Le solde sera prélevé conformément à ce qui est indiqué sur votre facture / Balance will be charged in adequacy with what in mentioned on your invoice :.....EUR

En lettres / The amount in words:.....

Type de carte / Credit card type: Visa : Visa premier : Eurocard/Mastercard :

Eurocard/Mastercard Gold :

Numéro de la carte bancaire / Credit Card Number: _ _ _ _ _

Validité / Expire date :.....

Cryptogramme (trois derniers chiffres au dos de la carte) :.....

Fait le/Date :

à/ in :

Signature :

BANK ACCOUNT

Account

**CHAMONIX AVENTURE MONTAGNE & VOYAGES
Les Biolles - 74660 Vallorcine France**

DOMICILIATION : SOCIETE GENERALE CHAMONIX (00103)

International identification (IBAN)

IBAN FR76 3000 3001 0300 0372 6313 059

International bank Identification (BIC)

SOGEFRPP

Chamonix Aventure – Montagnes & Voyages

General registration conditions

- * Registration will only be valid with the registration form (sent by post or fax) and a deposit payment which is 30% of the total amount.
- * You can send the deposit by bank transfer swift or credit card (please look at registration form page 2)
- * Balance of payment 45 days before your arrival.
- * Cancelling is possible from your behalf with these reserve :
 - before 45 days : 60 euros
 - from 45 to 21 days : 30 % of the total amount
 - from 20 to 15 days : 60 % of the total amount
 - less than 15 days : 100 % of the total amount
- * Meeting is usually the first day of the activity. Please contact us few days before to confirm the meeting point with your guide (time and place). Tel : 00 33 (0)977 761 362 or by mail.
- * Don't forget your identity papers nor the ones for your children and possibly a "Carte Neige" or Alpine club registration or personal responsibility insurance.
- * It is the client's responsibility to make sure that they have insurance cover for all activities that are to be undertaken. This should include helicopter rescue, repatriation and hospitalisation costs in case of an accident and cancellation insurance.
We can provide this insurance, please look at the registration form : Rescue & repatriation : 2,1 %, Cancellation, rescue, repatriation and interruption stay : 4,2 % of the total amount.
- * You have to know that in case of corporeal accident, the guide responsibility is released once admitted in the nearest hospital. All hospital followings will be taken by client personal insurance.
- * The guide can modify at the last moment any arrangements and program for various reasons as : bad weather conditions, snow conditions, group security, ability of the group etc... the extra expenses due to a modification of the program is the responsibility of the customer.
- * If we need to cancel for any reason (not enough person, bad weather etc.) no compensation will be given.

Chamonix Aventure Montagnes & Voyages

Les Biolles 74660 Vallorcine

Association tourisme inscrite au registre national

ATOUL FRANCE affiliée APRIAM IM073.100023

Alpespace le Neptune, 50 voie Einstein 73800 Francin

Garant : COVEA CAUTION SA contrat n° 18386

RCP MMA IARD 10 bd Oyon 72 Le Mans

Contrat n°3.056.234

Siret: 51011777300018 - APE 7911Z

TVA intra-communautaire : FR45510117773

