

**ALFORD SKI CENTRE
SKI SCHOOL APPLICATION FORM**

NAME **D.O.B.**.....
(if under 16 years)

ADDRESS

.....

Medical conditions/Learning Difficulties – any medical condition or learning difficulty that you child’s instructor should know about, please state below –

.....

CONTACT DETAILS

PARENT or CARER’S NAME

TELEPHONE NUMBER

CLASS REQUIRED (eg YFTB, IMPROVERS etc)

	CLASS	DATE
1		
2		

Please indicate preference(s). Where possible you will be allocated your first choice but this cannot be guaranteed.

Signed **Date**

PLEASE NOTE:

CLASSES ARE ALLOCATED ON A FIRST COME FIRST SERVE BASIS

ALL CLASSES TO BE PAID IN ADVANCE

Date received

Signed

Date Contacted

Signed

Class Allocated

Signed