

I Registration Bulletin (1 per person)

To be sent accompanied by a cheque to the value of 50% the price of the trip (+optional insurance) to the following address :

Samuel Pontoni, "le bourg" 47340 Saint Robert, France.

Name : Surname : Age :

Address :

Telephone/fax : E-mail :

Chosen Trip :

Date : Price :

Cancellation Insurance, 2,85% of trip cost (optional) : YES - NO

Contact of your Civil Insurance :
(Name, Address, Tel. no.)

Police Tel no. :

If you have any extra comments, a special diet, a medical treatment or condition etc, please write to explain over-leaf of this bulletin.

50% of the total trip price	=
+ cost of cancellation insurance(non obligatory)	=
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Sum of the cheque to be sent	=

I have read and accept the general conditions of this contract.

Date : Signature :