



BOOKING FORM

PERSONAL INFORMATION

First Name: _____ Last Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ Postal Code: _____ Country: _____
Telephone Number: _____ Mobile Number: _____
Email: _____

RESERVATION INFORMATION

Arrival Date: _____ Departure Date: _____
Preferred room number: _____ Number of Rooms: _____
Number of Visitors: _____ Adults: _____ Children: _____ Children: _____
(up to 12 years) (up to 2 years)
Number of Beds/Cots: _____ Double Beds: _____ Single Beds: _____ Baby Cot: _____

PAYMENT INFORMATION

Card Type: Visa MasterCard AmEx
Credit Card Number: _____
Exp. Date: _____ Security Code: _____
Cardholder's Name: _____

ADDITIONAL SERVICES REQUIRED

Flight Transport Ski rental Ski lessons Ski pass Childcare

ANY SPECIAL REQUESTS

Signed: _____

Date: _____

Please complete this form and send it by email to:
info@kosherskiclub.com

www.kosherskiclub.com