

ANGLET 2018

Team Leroy

APPLICATION FORM

Name of the skater:

Nationality: _____

Date of birth: ____ / ____ / ____

Address: _____

Zip/City/Country: _____ / _____ / _____

Email address: _____

Phone: + _____ / _____ (_____)

+ _____ / _____ (_____)

T-shirt: 6 8 10 12 XS S M L XL

LEVELS:

Test Swiss Ice Skating: _____

Category 2018/19: _____

National Championships rank: _____

Personal Best 2017/18: _____

(done on this competition: _____)

(date/place: _____)

PERIODS:

3 weeks from 16.07. to 03.08.2018 = CHF 1'800.—

2 weeks from 16.07. to 27.07.2018 = CHF 1'300.—

2 weeks from 23.07. to 03.08.2018 = CHF 1'300.—

1 week from 16.07. to 20.07.2018 = CHF 700.—

1 week from 30.07. to 03.08.2018 = CHF 700.—

not possible for one week to come from 23.07. to 27.07!

TOTAL = CHF _____

DISCOUNTS*: Fidelity Early Booking (-10%) for all the skaters registered at minimum for the 3rd time in ANGLET!

Participant at the Swiss Juvenile Championships 2018 (-10%)

Team-LEROY full member for the season 2018/19 (-15%)

***for an application and a full payment until 01.04.2018 - only one discount per skater!**

NEW TOTAL = CHF _____

LUNCH:

Meals: vegetarian without pork other: _____

I want to book lunch on training days (Mo-Fr) from _____ to _____

= _____ meals x CHF 13.— = CHF _____

to be paid within the same time as the booking.

PHYSIOTHERAPY:

I want to pre-order physiotherapy sessions with **Nathalie MARIE**

_____ x 20 min. treatment x € 30.00 = € _____

to be paid to her directly on place after each treatment (not on the GRAND-TOTAL of this application)

Please send the signed application form to:

Richard LEROY, Lerchenhalde 9, CH- 8703 Erlenbach ZH, Switzerland

Email: richardleroy@bluewin.ch

ANGLET 2018

INSURANCE:

All insurance is under the own responsibility of the participant.

I have read and understood the content. I accept the criteria of this matter.

RESPONSABILITY:

TEAM LEROY will not take care of skaters unable to practice due to injury or illness. We ask all skaters to travel with their parents or a defined responsible person. In case of emergency during training sessions, we will bring you to a doctor or hospital. Out of training time it is your personal responsibility.

I have read and understood the content. I accept the criteria of this matter.

Useful medical information (asthma, injury, allergy...): _____

Person to contact in case of emergency: _____

Phone: + _____ / _____

CANCELLATION:

If you want to cancel your booking, you have to do it in written form. To cover the cost of processing your cancellation and to compensate us for the risk that we may not be able to resell your training stay with us, we make a cancellation charge on the scale shown below:

Period before departure within which written notice of cancellation is received	
---	--

more than 90 days	25% of total price
89-60 days	50% of total price
59-31 days	75% of total price
30-0 days	100% of total price

I have read and understood the content. I accept the criteria of this matter.

PAYMENT: GRAND-TOTAL = CHF

I have paid this amount by bank transfer to:

Richard Leroy – Lerchenhalde 9 – CH-8703 Erlenbach ZH (Switzerland)

Bank account: UBS – 259-822596.40W

IBAN: CH91 0025 9259 8225 9640W – BIC: UBSWCHZH80A

Object: ANGLET 2018 / TEAM LEROY

Date: _____ / _____ / _____ Place: _____

Signature: _____

Please send the signed application form to:

Richard LEROY, Lerchenhalde 9, CH- 8703 Erlenbach ZH, Switzerland

Email: richardleroy@bluewin.ch