BOOKING NOTE

Surname :…… Name :……
Age : …….. City :……..
Tél :……. Email :……

Training-course : O Surf O Bodyboard
From……..……Till…….…..
O AM O PM - I am : O Beginner O Experienced

Please return this booking form filled in along with 50% deposit for requested training course.

You are required : 1/ To be minimum 6 years old - 2/ To swim 25m non stop
3/ Parent authorisation for -18 - 4/ To accept the surf school rules

Parent authorisation : I undersigned…….
Give permission…… to do the training-course provided by Atlantic Lizard Surf School

- I certify my child does not have any health problem regarding this surfing activity and is medically capable to any sport activity.
- I will not held responsible the Surf School in case of any accident happening outside the surf lessons.

Made in :……..Date :……
Signature :……

Surf School Price-list : Please selected formula

1 Lesson 1h30	39 €	2 Lesson	75 €
3 Lesson	105 €	5 Lesson	145 €
Personalised	Lesson 1h	1 Child - 70 €	2 Child - 120 €

* Prices are all included (with equipment + insurance)
Group lessons + 3 children = price list upon request

Crédit Mutuel
RELEVE D'IDENTITE BANCAIRE
Identifiant national de compte bancaire - RIB
Banque 15519 Guichet 39053 N° compte 00021204102 Clé 80 Devise EUR
Domiciliation CCM BRETIGNOLLES SUR MER
Identifiant international de compte bancaire
IBAN (International Bank Account Number) FR76 1551 9390 5300 0212 0410 280
BIC (Bank Identifier Code) CMCIFR2A
Domiciliation
CCM BRETIGNOLLES SUR MER
12 BOULEVARD DU SUD
85470 BRETIGNOLLES SUR MER
02 51 90 16 95
Titulaire du compte (Account Owner)
ALPHA SURF CREW
ATLANTIC LEZARD SURF SCHOOL
2 A RUE LEO FERRE
85220 LA CHAIZE GIRAUD
Remettez ce relevé à tout organisme ayant besoin de connaître vos références bancaires pour la domiciliation de vos virements ou de prélèvements à votre compte.Vous éviterez ainsi des erreurs ou des retards d'exécution.
PARTIE RESERVEE AU DESTINATAIRE DU RELEVE