Personal Training Advance Booking & Payment Form 2009

CORONET PEAK THE REMARKABLES

Please circle (If you wish to make a booking for both ski areas please use two forms)

NAME.....

HOME TEL NO ..... MOBILE TEL NO .....

EMAIL ADDRESS .....

HOTEL/CONTACT DETAILS IN QUEENSTOWN .....

.....

	SKIING ☐	SNOWBOARDING ☐
ABILITY LEVEL	1 2 3 4 5 6	
TUITION FOR	1 Person OR	..... People *(Max 6)*
	ADULT(S)	CHILD (REN)

REQUESTED INSTRUCTOR .....
(If unknown please leave blank)

DATE OF BOOKING & SESSION TIMES – *Please specify date in space below*

1 Hour (Adult anytime / Youth anytime except 9.20am or 12.20pm)

Time ..... Date .....

3 Hours – (9.20am or 12.20pm) *AM* ..... PM .....

5 Hours – (9.20am) AM .....

PAYMENT DETAILS

CHEQUE ☐ CREDIT CARD ☐ *(please specify type)* ..... EXPIRY DATE.....

CREDIT CARD #

CARDHOLDERS NAME..... CARDHOLDERS SIGNATURE.....

TOTAL AMOUNT NZ$ .....

Please send this form to
Coronet Peak Snowsports School, PO Box 359, Queenstown
Or Fax to (03) 442 4637 or Email school@coronetpeak.co.nz

☐

OFFICE USE ONLY

ENTERED INTO SMARTCHART BY _____*(Staff Name)* _____*(Date)*
PAYMENT PROCESSED BY_____ *(Staff Name)* _____*(Date)*
CONFIRMATION SENT Telephone ☐ Email ☐ Fax ☐ _____ *(Staff Name)* _____*(Date)*

The personal information you provide in this application is protected by the Information Privacy Principles set out in the Privacy Act 1993. The information will only be disclosed to staff NZSki Limited. The information will be held the NZSki database and will be confirmed with you if or when you register