

# cheeseman

## Ski Week Booking Form – Snowline Lodge

Mt Cheeseman Ski Club Inc.  
PO Box 22 178  
Christchurch

Phone: (03) 344 3247  
Fax: (03) 344 3300  
e-mail: office@mtcheeseman.co.nz

Booking Name.....

Address:.....

Phone: (Day).....(Evening)..... (Mobile).....

E-mail address.....(Please advise any change of e-mail address)

Name of Week ..... Date In: .....Date out:.....

**\*\*PLEASE READ\*\***

- \* **Bookings:** Treated on a “first come, first served” basis from receipt of this form. Bookings are only considered valid when accompanied by at least **25% deposit**, balance to be paid no later than **one month before date of booking**. You may enclose a cheque payable to “Mt Cheeseman Ski Club Inc” or quote your credit card number card name expiry date, and amounts to be paid. (see over)
- \* **Junior guests aged under 17 not accompanied by parents** need to arrange for a letter to be **signed by an adult** attending the same ski week who is willing to be responsible for them. Please contact the office for a copy of the letter.  
Note: Guardians must be someone approved by the club Management Committee.
- \* **Family Groups:** A family group is defined as 2 parents and up to 3 of their children aged under 18.
- \* **Minimum age** for a child to attend a ski week package holiday is 3 years of age
- \* **Cancellation Fees:** Mt Cheeseman Ski Club charges the following cancellation fees
 

Less than 14 days before holiday start date	100% of booking cost
14 – 28 Days before holiday start date	75% of booking cost
28 days or more before holiday start date	25% of booking cost

 Cancellations must be received in writing

COMMERCIAL TRANSPORT CAN BE ARRANGED - PLEASE CONTACT THE OFFICE FOR SHUTTLE SERVICE DETAILS

Name	M/F & Age – IF Junior Only	Amount Due
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

<b>Total Due:</b>	\$
<b>Deposit:</b>	\$
<b>Balance owing:</b>	\$
<b>Payment:</b>	\$
<b>Balance owing:</b>	\$

**NB: PLEASE READ, COMPLETE AND SIGN BOTTOM OF THIS FORM**  
**Bookings accepted with a signed, completed booking form, or by e-mail**

**General**

- For Accommodation rates see rate sheet under Accommodation and Packages on our Website, or check with Town Office
- Every day you pay for counts as 24 hours commencing at 4pm on your day of arrival to 4pm on your day of departure
- **Please be sure to state clearly your actual day of arrival and day of departure overleaf.**

**Medical Conditions**

- Please provide us with details of any medical condition that the Club should be made aware of in case of emergency (e.g. asthma, diabetes etc):

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- Do you have any special dietary requirements? If so, please specify:

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**On the Mountain**

\*\*Beer Wine and Nibbles will be available at great prices\*\*

**Payment**

Please indicate method of payment: **Direct Credit our account** / Cheque / Credit Card

**Mt Cheeseman Ski Club Inc. BNZ 020800 0916375 00** *note invoice number thanks*

If paying by credit card please give details: Card Type - we accept **Visa** **Mastercard**

Cardholders name.....

Card Number.....

Expiry Date.....

Signature.....

- **Please note all bookings are not confirmed by post until full payment has been received but if you have paid a 25% deposit consider your holiday booked unless advised otherwise. Please note: balance of ski holiday must be received ONE MONTH BEFORE date of booking otherwise it may be cancelled.**
- **The office will notify you within 5 working days from receipt of your booking form if your application is unable to be accepted in the case of your chosen Lodge being full.**
- **Please indicate amount paid with this booking form on Page 1**

**I have read, understood and agree to the terms and conditions as detailed above. The information I have provided is true and correct.**

**Signed:** .....

**Date:** .....