

Dear parent/guardian

Your child's school wishes to participate in snow-sports lessons at Glencoe Mountain Resort, please fill out the following information and return it to the organiser.

Child's name:		
Address:		
D.O.B: / /		
Emergency Contact Name:		
Telephone Number:		
Please specify any medical or special requirements:		
Shoo Sizo		
Shoe Size:		
Height:		
Weight:		
Ski Ability:		
☐ Beginner (Never skied/snowboarded)		
☐ Beginner + (1 or 2 days)☐ Intermediate (A couple of weeks)		
☐ Intermediate (A couple of weeks)		
I give permission for photographs and videos take	en of my child on this trip to	
potentially be used by Glencoe Mountain in their	•	
on their website or social media sites:	printed publications, presentations,	
☐ Yes		
□ No		
_ 110		
I agree to allow the child named on this form to p Glencoe Mountain Resort.	articipate in snow-sports activities at	
Signature	Print Name	
Children participating in snow-sports activities sh	iould bring the following clothing to	
ensure comfort and safety on the mountain:		
Ski Jacket and salopettes or a ski suit		
Ski or wool socks		
Warm hat		
Warm and waterproof Gloves		
Thermal underwear and appropriate layers		
Eye protection - preferably goggles		
Sunscreen		
Spare clothing in a bag is always a good idea too.		

Glencoe Mountain Ltd, White Corries, Glencoe, PH49 4HZ

Email: admin@glencoemountain.co.uk
Website: www.glencoemountain.co.uk
Telephone: 01855 851 226



SCHOOLS BOOKING FORM

School Name:	
School Address:	
School Emergency Contact Number:	
One Day Package: Start date:	
5 Day Package: Start date:	
Number of children attending:	
To assist ski school, please categorise the ch	ildren as best you can:
Beginner (No experience)	
Beginner + (Has skied/snowboarded for 1 or 2	days)
Intermediate (Has skied for a number of weeks	
Number of staff skiing:	
Name of group leader:	
Phone numbers:	Tel:
	Mob:
Email:	