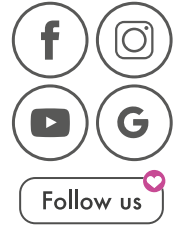




HOLIDAY COURSES REGISTRATION FORM

Download this registration form, fill it out carefully,
then send it to : contact@magnetsurf.com

You can also make the payment of the deposit on the
surf school account : Magnet Surf School
IBAN FR76 1290 6000 1857 4585 6493 211



Follow us

PERSONAL INFORMATIONS

Last name: _____ First name: _____ Age : _____

Address : _____

City : _____

Phone Number: _____

SELECTED FORMULA

	9H	15H
Discovery session 1x3H 45 €	<input type="checkbox"/>	<input type="checkbox"/>
Weekend Formula 2x3H 90 €	<input type="checkbox"/>	<input type="checkbox"/>
Three days course 3x3H 130 €	<input type="checkbox"/>	<input type="checkbox"/>
Five days adult course 5x3H 190 €	<input type="checkbox"/>	<input type="checkbox"/>
Five days child course 8-12 years 5x2h30 160 €	<input type="checkbox"/>	<input type="checkbox"/>

LEVELS OF PRACTICE

Beginner Intermediate Perfected

DATES

From _____ To _____

DISCHARGE (for adults)

I, the undersigne _____
 certifies that the adults registered
 above are medically fit to practice
 sports. Consequently, I release
 Magnet Surf School from any
 liability in the event of an accident
 occurring to them, or caused by
 their possible physical or medical
 incapacity or non-compliance with
 the instructor's instructions. I
 declare that I have read the
 general conditions of sale
 available on our website: www.magnetsurf.com

Done at : _____
 The: _____
 Signature : _____

PARENTAL AUTHORISATION (for minors)

I, the undersigne _____
 Authorizes the children registered
 above to follow the activities
 described in this bulletin. I certify
 that they are medically fit for
 sport. Consequently, I release
 Magnet Surf School from any
 responsibility in the event of an
 accident occurring to him, or
 caused by his possible physical or
 medical incapacity or non-com-
 pliance with the instructor's
 instructions. I declare that I have
 read the general conditions of sale
 available on our website: www.magnetsurf.com

Done at : _____
 The : _____
 Signature : _____

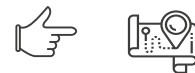
DEPOSIT

1 course	30 euros	Total _____
2 courses	60 euros	
3 courses	80 euros	
5 courses	115 euros	
5 courses Kids	95 euros	

IN THE EVENT OF AN ACCIDENT

Name : _____
 Phone : _____
 Special medical problems to report : _____

WHERE TO FIND US



The school office:
 18 Boulevard de Pralognan Crozon