



INSURANCE OF YOUR HOLIDAYS

**cancellation / interruption / late arrival / lack of snow
+ Assistance / Repatriation**

The guarantee to be reimbursed without any problems!



SUBSCRIPTION FORM

Main policyholder :

File reference :

SURNAME : FIRST NAME:

Date of birth :/...../..... Phone :

Adress:

Check in date of your stay:/...../..... Check out date of your stay :...../...../.....

Total amount of your stay : €

Insurance fees amount (3.4%) :€ (the information is just below on the booking contract)

LIST OF OTHER PEOPLE PRESENT during the stay :

Person 1 : Family link with the main policyholder :

SURNAME : FIRST NAME:

Date of birth :/...../.....

Adress :

Person 2 : Family link with the main policyholder :

SURNAME : FIRST NAME:

Date of birth :/...../.....

Adress :

Person 3 : Family link with the main policyholder :

SURNAME : FIRST NAME:

Date of birth :/...../.....

Adress :

Person 4 : Family link with the main policyholder :

SURNAME : FIRST NAME:

Date of birth :/...../.....

Adress :

Person 5 : Family link with the main policyholder :

SURNAME : FIRST NAME:

Date of birth :/...../.....

Adress :

> For more people subscription, please write down information on another page.

☐ **I have read the terms and conditions of the cancellation insurance and I accept them**

(You can consult it on our website : en.legrandbornand-reservation.com)

Subscription date :/...../.....

Signature :

I enclose my subscription form **by e-mail at** : reservation@legrandbornand.com

or by mail at : Le Grand-Bornand Tourisme – Service Réservation

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