ORDER

Subscriber(s) Surname/First Name	Full date of birth	Pass	Keycard (CHF 5)	Insurance*	Total
		4 Vallées Printse	Yes No	Snow Assist	
		4 Vallées Printse Mont4Card	Yes	Snow Assist	
		4 Vallées Printse	Yes No	Snow Assist	
		4 Vallées Printse Mont4Card	Yes No	Snow Assist	
For prices and information please refe		4 Vallées Printse Mont4Card	Yes	Snow Assist	

I'll pick up the ski pass at

Trabanta

Les Masses

Thyon 2000

EXTRACT FROM THE GENERAL TERMS AND CONDITIONS OF SALE

PASSES & SEASON TICKETS

Tickets are personal, non-transferable and non-refundable.

INSURANCE

We strongly recommend that you take out insurance. See www.snowassist.ch for full details:

- Skipass Assur CHF 65.- / CHF 69.-
- Reimbursement of ski pass, lessons and equipment, subject to the conditions of the insurer.
- · Snow Assist CHF 99.- / CHF 104.-

Reimbursement of ski pass, lessons, ski equipment, rescue, emergency transport and medical expenses, subject to the conditions of the insurer.

SPONSOR

The sponsor:

- The sponsorship only applies to the purchase of a 4 Vallées annual pass by the sponsor and the sponsoree.
- Must have purchased a season or annual pass, Printse or 4 Vallées, in 2022/2023 and/or 2021/2022.
- Can sponsor more than one sponsoree, but cannot cumulate the sponsorship discount.

The sponsoree:

- Must not have held a Printse or 4 Vallées season or annual pass in 2022/2023 and/or 2021/2022.
- · Must be in a price category higher than or equal to that of the sponsor.

The sponsor's season ticket and the sponsoree season ticket must be purchased at the same time and at the same ticket office, and the sponsorship form must be completed.

SPONSORING

CHF 999.- FOR THE SPONSOR AND SPONSOREE ON THE 4 VALLÉES ANNUAL PASS

THE SPONSOR	THE SPONSOREE					
Last n ame	Last n ame					
First name	First name					
Date of birth	Date of birth					
Add ress	Add ress					
ZIP code City	ZIP code City					
Phore	Phore					
Signature	Signature					
Please enclose a copy of the sponsor and sponsoree identity documents.						
PAYMENT Last n ame	rst name					
	dd ess 2					
	ountry					
	nail					
	Amexco					
By signing, I acknowledge that I have read the company terms and	conditions and that no refund will be made without insurance.					
I make the payment to the bank account:						

UBS SA Compte n°H0 142172.0 Clearing n° 265 Télé-Thyon SA 1950 Sion IBAN CH74 0026 52 65 H014 2172 0 BIC/SWIFT UBSWCHZH80A