

# Individual registration form FTT / CIMGO / Paragliding - 2025

				Please complete this fo	rm as best you can for				
			Services		Equipment loan				
EVAS	SION			rrain Chair		All-Terrain Cha			
			] Electric	c All-Terrain Chair		Electric All-Ter	rain Chair		
			CIMG	0		CIMGO			
Paragliding (80 kg max)						Joëlette			
	Paddle						Hockey sled		
	1	rainee :	<u>:</u>						
Nome	_			TO	•				
Name	• • • • • • • • • • • • • • • • • • • •	••••••	••••••	F	ırsı name :	• • • • • • • • • • • • • • • • • • • •	•••••••		
Addres	s ·								
1100100									
Phone on s	site:		••••••	•••••	<b>Mobile:</b>		•••••		
E-mail :	• • • • • • • • • • • • • • • • • • • •	••••••	•••••		Can you check your emails	at your vacation spot? Y	ÆS - NO		
	_				Your weight:	•••••	•••		
ou <u>r disabil</u>	ity : Che	ck the co	rrespona	ling box(es)		1			
☐ Par	anlegia	☐ Tetr	aplegia	Cerebral palsy	☐ Hemiplegia	Disease	Intellectual disability,		
	apicgia		apicgia		Птетреда	Discuse	□ autism		
				☐ Standing					
Logion	height:.			Manuel chair	Right				
Lesion	neight		•	<del></del>	☐ Left				
				Electric chair					
				*1 *6 1*66 4 6	41 4 •				
		•	<u>Prescr</u>	riber, if different fron	n the trainee:				
Name :	<b>:</b>				first name:				
D1				D.1.7	1	41	`		
Phone :		• • • • • • • • • • • • • • • • • • • •	••••••	Reland	onsnip (parents, bro	ther, sister, iriends	):		
E-mail:					Will	you be present during t	he stay? YES - NO		
Your s	tov.								
					. 1/1	i .			
Planned pla	ace of res	sidence :	• • • • • • • • • • • • • • • • • • • •		Arrival/departi	ire dates:			
Planned da	we and ni	umber of	f hours of	activities :					
1 fairied da			Hours or	activities.					
Day	Exemple : Mo 17/01/25								
NB desired hours	Exemple : 2 If possible mo								
The check or a	denocit trans	efor to be re	turned to us	must correspond to 50% of the t	total amount of the schedul	led course hours (for the	calculation see the attached sheet)		
Equipr	_	sier to be re	turned to us	must correspond to 50 /0 or the t	otal amount of the schedu	led course nours (for the c	actuation see the attached sheet)		
		<b>A</b>	О 1 Т	1- T.::-14-).					
Specificities	(Quadrix	Access,	Quadrix 10	ouch, Trialp etc):					
Is this your fi	rst reservat	ion with L	oisirs Assis	Evasion? YES - NO If yes, cor	ntact us by telephone on	06 73 39 81 78 and can	vou tell us :		
				<b>,</b> ,	,		,		
How you kne	w us :								
Cracial inform	nation :								
Special illion	паноп :			•••••	• • • • • • • • • • • • • • • • • • • •				
As part of LA	E's activiti	es, we are	required to	take photos which can be distri	ibuted on our communic	ation media. (flyers, Fac	cebook, Website, press,). If you do not		
wish to appea	ır in our ph	otos please	check the	oox below: $\square$ No, I don't acc	cept				
Loisirs Assis	Evasion m	av use the	email addre	ess you provided to inform you	about the progress of the	e association's activities	s. If you do not wish to receive these		
communication		-		□ No, I don't accept	1 L		,		
				_					
_									
In	•••••		•••••	. The	Signature	<b>:</b> :			
By signing	g I ackno	owledge	having r	ead and accept our gen	eral conditions of	sale.			
							or deposit transfer of 50% of the total		
							ed equipment (see notice in appendix		
payable to L	oisirs Ass	sis Evasio	on to confir	m your reservation.					
In case of tr	ansfer, ch	eck this b	ox and the	date of its completion: $\square$					
CHO A				TD.					
CHŲ n°				ıne :		Amount :			



## --- SPRING/SUMMER/AUTUMN ACTIVITES PRICES --- 2025

#### Outing in an all-terrain chair or Cimgo:

50€ de l'heure pour une sortie de 1h30 ou 2h00 For outings requiring more than 2 machines, each additional machine is charged €25

#### Tandem paragliding flight:

75€

For other half-day or full-day rates, Individual or group, Please contact us by email at :

contact@loisirs-assis-evasion.com

#### Prices may vary depending on the stations, duration and type of service.

For the payment of your reservation requests, 50% of the total amount must be paid upon reservation, and payment of the balance at your first lesson, ski lifts are extra.

### TERMS OF EQUIPMENT LOAN

The association's adapted equipment loan is free for individuals. Requests made by a professional or an association will be subject to a €25/day logistics fee. Please contact us by email to find out the loan amount and terms. Once your loan request has been completed and approved, please contact us again one week in advance to arrange the equipment loan.

Material	Deposit check requested
All-Terrain Chair *	5 000 €
Electric All-Terrain Chair *	7 000 €
CIMGO	5 000 €
Joëlette	3 000 €
Hockey sled	2 000 €

<sup>\*</sup> For any loan of an all-terrain chair to individuals, a 1.5-hour course with a professional is required.



Relevé d'Identité Caisse d'Epargne

Ce relevé est destiné à être remis, sur leur demande, à vos créanciers ou débiteurs appelés à faire inscrire des opérations à votre compte (virement, paiement de quittance, etc.).

Son utilisation vous garantit le bon enregistrement des opérations en cause et vous évite ainsi des réclamations pour erreurs ou retards d'imputation

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IBAN											
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BIC											

C E P A F R P P 3 8 2

SALLANCHES
20 PLACE CHARLES ALBERT
74700 SALLANCHES
TEL: 08.20.07.58.13

Intitulé du compte ASS LOISIRS ASSIS EVASION
ASS LOISIRS ASSIS EVASION FORM
266 IMPASSE DE LA BOESNA
74190 PASSY