

REGISTRATION FORM

Group name _____

Responsible person _____

Address | Postcode | City _____

Phone | Mobile phone _____

E-mail _____

Tickets will be collected on _____

1. Validity date _____ Period of validity _____

Person category	Number of tickets	Price per ticket	total
_____	_____	CHF	
_____	_____	CHF	
_____	_____	CHF	
_____	_____	CHF	
_____	_____	CHF	
_____	_____	CHF	
		TOTAL CHF	_____

Payment

Cash payment

Invoice to CH65 0076 5000 R084 3713 5
 Touristische Unternehmung Grächen AG, Dorfplatz 782, 3925 Grächen

The general term conditions of Bergbahnen Touristische Unternehmung Grächen AG apply, which you can find at www.graechen.ch.

With your signature you accept the booking conditions of Touristische Unternehmung Grächen AG.

Signature _____

Please send the form including your group logo to info@graechen.ch

Thank you for your booking. We wish you a good time in Grächen.

Booking accepted on _____

Tickets issued on _____