

# LAS Summer Travel Information

1. Last Name: _____	2. First Name: _____
3. Date of Birth:    day / month / year	4. Session(s):    Session 1    Session 2    Session 3    LAS edge

## Arrival Information

How will you be arriving to Leysin?    Car    Train	Arrival Date:    day / month / year	Arrival Time:    _____	AM PM
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If you are flying and require a transfer **FROM** Geneva Airport, please complete the section below:

Fill out the travel sections below and return to the LAS Summer Admissions Office, with a copy of flight tickets, no later than **1st June**.  
Travel arrangements made outside LAS Summer arrival and departure dates/times, will incur an additional charge of 300 CHF each way.  
(TRANSFERS ARE PROVIDED FROM AND TO GENEVA AIRPORT)

Arrival Date:    day / month / year	Arrival Time: (Geneva Airport)    _____	AM PM	Name of Airline: _____
Flight Number: _____	Flying from: _____		
Layover 1 (if applicable)	From: _____	To: _____	
Layover 2 (if applicable)	From: _____	To: _____	
Number of persons (including accompanying relatives) who will require LAS transfer service: _____			
<b>Flights must arrive between 9:00 - 18:00 on Arrival Day</b>			

## Departure Information

How will you be departing from Leysin? <b>Must depart by noon.</b> Car    Train	Departure Date:    day / month / year	Departure Time:    _____	AM PM
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If you are flying and require a transfer **TO** Geneva Airport, please complete the section below:

Departure Date:    day / month / year	Departure Time: (Geneva Airport)    _____	AM PM	Name of Airline: _____
Flight Number: _____	Flying to: _____		
Layover 1 (if applicable)	From: _____	To: _____	
Layover 2 (if applicable)	From: _____	To: _____	
Number of persons (including accompanying relatives) who will require LAS transfer service: _____			
<b>Flights must depart between 9:00 - 18:00 on Departure Day</b>			

## Unaccompanied Minor Form

My child is traveling as an Unaccompanied Minor upon **arrival**.

My child is traveling as an Unaccompanied Minor upon **departure**.

*Please send the Unaccompanied Minor proof of purchase with the Travel form*

Please complete the following information about the adult who will greet the child upon arrival at his/her final destination.

Full Name of Adult: _____	Full Address: _____
Phone Number: _____	_____
Passport Number: _____	_____

## Parent or Guardian Signature

Full Name of Adult: _____	Date: _____
Phone Number: _____	Date: _____