



VOLIVOLITM
BEACH RESORT FIJI

Volivoli Kite Week 2015

Enrolment form

Please complete the entire form and send back the signed copy to Geraldine
On geraldine@volivoli.com along with the signed Credit Authorization form
To receive confirmation for your selected kite week

DATE_(DD,MM,YYYY)

FULL NAME: _____

ADDRESS: _____

CONTACT PH: (____) _____ EMAIL: _____

HEIGHT: _____ WEIGHT: _____ SHIRT SIZE: _____ WAIST IN CM _____

CONTACT IN THE CASE OF AN EMERGENCY: _____ PH: _____

DATES OF SELECTED KITE WEEK: _____(DD/MM/YYYY) _____

WILL YOU REQUIRE EQUIPMENT (YES OR NO) HARNESS: _____ KITES _____ BOARD _____

BAR AND LINES _____ IMPACT VEST _____ HELMET _____

PLEASE CIRCLE YOUR KITE SKILL LEVEL BEGGINER INTERMIDIATE ADVANCED

ACCOMMODATION OPTION REQUIRED _____

PLEASE INDICATE THE FULL PRICE OF YOUR SELECTED ACCOMMODATION PACKAGE \$ _____

ANY FOOD ALLERGIES OR SPECIAL DIETARY REQUIRMENTS? _____

To help us with our preparation to ensure you maximise your time with the instructors please
give us a little idea of what in particular you would like to work on?

Signature _____

Please note that Volivoli Beach Resort and Volivoli Kite Week highly recommends all our clients
take out appropriate health and travel insurance.

Please do not hesitate to contact us further on the following contact details should you require
any further information.

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