

WELCOME TO FREEDOM!

For reservations for youth under 18 years old travelling without a parent or guardian must provide a written declaration by parent or guardian. Print this page, fill in the form and attach a copy of parent's identity and signature.

Send via mail, fax or email Stöten i Sälen AB, 780 67 Sälen Sweden. Att: Booking.

Guardians of the following traveler, hereby approve the following purchase and implementation of the following trip. Guardians take responsibility for the traveler's trip to Stöten.

Do not forget to bring a copy of the certificate to check-in.

| Traveler | Parent/Guardian |
|----------------------|------------------------|
| Name: _____ | Name: _____ |
| Id number: _____ | Id number: _____ |
| Booking number _____ | Address: _____ |
| Hotel/cabin _____ | Phone _____ |
| Departure date _____ | Date: _____ |
| Price of trip: _____ | Signature _____ |
| | Printed name _____ |
| | Account number: _____ |
| | Clearing number: _____ |

