



# Hellene School Travel Booking Form

PLEASE **DOWNLOAD THIS FORM** AND **COMPLETE ALL SECTIONS OFFLINE**

Name of Hellene Account Manager

Name of School

School Address

Post Code

Name of Group Leader

Department

School Telephone Number  Extension

Home Telephone Number

E-mail

Mobile Number (Emergency Only)

Destination

Means of Travel Air  Coach  Rail  Ferry  Own Transport

Travel Dates Departure: DD  MM  YYYY  Return: DD  MM  YYYY

Total Number Of Days  Total Number Of Nights Accommodation

Group Composition	Age at date of Travel:	Under						Free Staff	Paying Staff	Total (M/F/N)	Total in Group
		2	2-10	11-12	13-15	16-17	18+				
Male		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Binary		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Room Breakdown Number of Staff Singles\*:  Twins\*:  Triples:  Multi-Bedded:

Special Request:

*\*Additional Singles and Twins are subject to supplementary costs*

Do you require Hellene School Travel Insurance? Yes  No

Itinerary As Agreed In Quotation  Still Under Discussion

Contact name in Bursary

Contact Direct Telephone Number

Contact E-mail

*I have read the Booking Conditions and understand they constitute the contract between my Group and Hellene School Travel. As Group Leader I confirm I am authorised to sign on behalf of the whole group and give explicit consent for Hellene School Travel to forward all personal information including medical and dietary needs to any supplier for the purpose of fulfilling the contractual agreement.*

Signed  Date: DD  MM  YYYY

**DEPOSIT:** Please make payments to **Hellene School Travel**  
Please refer to our **Booking Conditions** and confirm the amount with us.



PLEASE SAVE THIS COMPLETED PDF FORM  
AND EMAIL TO [info@helleneschooltravel.com](mailto:info@helleneschooltravel.com)

Any problems? Contact us on 01342 324727

05/07/2024

