



PLEASE **DOWNLOAD** THIS FORM AND COMPLETE **ALL** SECTIONS IN BLOCK CAPITAL LETTERS

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

Other (please specify)

Travel Dates Departure Return

Total Number Of Days Total Number Of Nights Accommodation

Party Composition

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

Room Breakdown Number of Singles: Twins: Triples: Multi-Bedded:

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 party 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

DEPOSIT: Please make payments to **Hellene School Travel**
 (£ paying passengers at £ per person* = Total Deposit of £ to secure the above mentioned places)
 *£150 pp for Air Tours, £60 pp for Rail, and £30 pp for Coach. Please refer our Booking Conditions and confirm the amount with us.

