



	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)	
Weekle Harrison (Erriergeney erriy)	
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	
	of Travel: 2 2-10 11-12 13-15 16-17 18+ Staff Staff (M)/(F) Group
	Male
	Female
Room Breakdown	Number of Singles*: Twins*: Triples: Multi-Bedded:
	*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	
	ns and understand they constitute the contract between my Group and Hellene confirm I am authorised to sign on behalf of the whole party and give explicit
•	I to forward all personal information including medical and dietary needs to any
supplier for the purpose of fulfilling	
Signed	Date
DEPOSIT: Please make payments	s to Hellene School Travel
(passengers at £ per	r person* = Total Deposit of \mathfrak{L} to secure the above mentioned places)
*£150 pp for Air Tours £60 pp for Bail	and £30 pp for Coach, Please refer our Booking Conditions and confirm the amount with us.



