Hellene School Travel Booking Form



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	,
	Other (please specify)
Travel Dates	
Total Number Of Days	Total Number Of Nights Accommodation
Party Composition	Age at dateUnderFreePayingTotalTotal inof Travel:22-1011-1213-1516-1718+StaffStaff(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?	
	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		
(passengers at £	payments to Hellene School Travel per person* = Total Deposit of £ pp for Rail, and £30 pp for Coach. Please refer o	to secure the above ur Booking Conditions and cont		'
Travel with confidence	PLEASE SAVE AND E-MAIL THIS COM info@helleneschooltra	avel.com	Str A	LOtC Quality Badge



PIECTE

ABTA No.Y6764