Halsbury Travel Ltd.
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ABTA No. V2645

BOOKING FORM: DAY TRIP

NAME OF GROUP:		
ADDRESS: _____ _____POSTCODE_____		
TELEPHONE:	FAX:	email:
GROUP LEADER'S NAME: (Mr / Mrs / Miss / Ms) HOME ADDRESS: _____ _____POSTCODE_____		
Home Phone number:	mobile:	Home email:

Home contacts for emergency use only. You may like us to contact you with offers regarding similar trips. Please tick here if you do not wish us to do so ☐

DESTINATION / RESORT:				Please tick preferred Channel crossing, either: ☐ Ferry (Dover-Calais) or ☐ Eurotunnel (Folkestone-Calais) with supplement			
DATE OF DEPARTURE		PREFERRED TIME OF DEP.		DATE OF RETURN:		PREFERRED TIME OF RET.	

Average age of students:		**Number of passengers**	**Cost per passenger**
PAYING PASSENGERS UNDER 18			**£**
PAYING PASSENGERS 18 or OVER			**£**
FREE STAFF PLACES			
OTHER PASSENGERS/ SUPPLEMENTS			**Details:**
TOTAL			

Do you require our reservation service? ☐
(Please refer to quote letter for supplementary charges)

Places to visit:
Please tell us how you would like to spend your day and the places you would like to visit during your trip. If you would like us to book any visit or meals for your group please tell us at what time you would like them booked.

I have read the booking conditions and understand that they govern the contract between my party and Halsbury Travel Ltd and confirm that as party leader I am authorised to sign on behalf of the others in my group.
I understand that on receipt of the initial deposit Halsbury Travel will issue Travel & Medical Insurance for my group if this is included in the price quoted (see quotation letter for details).

I enclose an initial deposit of £ per paying passenger (£ Total) to secure the above mentioned places.

Signed:_____ Dated: _____