

BOOKING FORM: TOURS

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:

No. NIGHTS in Resort:

Please tick preferred Channel crossing, either:

Ferry (Dover-Calais)

or Eurotunnel (Folkestone-Calais)

DATE OF DEPARTURE

PREFERRED TIME OF DEP.

DATE OF RETURN:

PREFERRED TIME OF RET.

No nights in accom.:

MEALS BASIS: B&B H/B F/B

Full Board = B&B + packed lunch + evening meal

Half Board = B&B + evening meal

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

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: _____