

Booking Form

This is a fillable pdf document. Once completed, please save and send it back to enquiries@halsbury.com

Group contact details

Group name			
Address			
City		Postcode	
Phone		Fax	
Email			
Group leader	Title	Name	
Address			
City		Postcode	
Home phone		Mobile	
Home email			
Finance Contact	Name		
	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.



Halsbury Travel Ltd
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Fax: 0115 9404 304

enquiries@halsbury.com
www.halsbury.com



VAT No. 679 1587 77 Reg No. 02002208

If you wish to pay by BACS, our account details are:

Account Name: **Halsbury Travel Ltd**
Account Number: **97564087**
Sort Code: **60-13-23**
Bank: **Natwest (Long Eaton)**

Email for remittance advice: sue@halsbury.com

If possible, please put the unique trip code as the reference when sending a BACS payment.

Group composition details

Age range of students		
	Number of pax	Cost per pax
Paying passengers under 18		£
Paying passengers over 18		£
Free adult places		
Other passengers		£
Total passengers		
Supplements (please refer to your quote for details)		

Any passengers with reduced mobility? Yes No

Accommodation details

Number of nights in accommodation Meals basis Bed & Breakfast Half-Board (incl. breakfast and evening meal) Full-Board (incl. breakfast, lunch and evening meal)

Activities details

Reservation service required? Yes No (Please refer to quote letter for supplementary charges)

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

Loyalty points

I wish to use loyalty points earned previously against this booking.

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. For air trips: I enclose an official passenger list as required. By signing this Booking Form, I give explicit consent on behalf of my party for Halsbury Travel to process any personal information, including any medical or dietary needs and to forward such information to any suppliers for the purpose of fulfilling the contractual agreement. For groups that are travelling to destinations that are not within the EEA, for the purpose of fulfilling our contractual agreement, I authorise Halsbury Travel to transfer such data to these countries. I understand that on receipt of the initial deposit Halsbury Travel will issue travel and 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 By typing your name you confirm that you agree to the booking conditions:

Date