School Travel Booking Form



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	Air Coach Rail Ferry Own Transport					
Travel Dates	Departure: DD MM YYYY Return: DD MM YYYY					
Total Number Of Days	Total Number Of Nights Accommodation					
Group Composition	Age at date Under Free Paying Total Total in					
	of Travel: 2 2-10 11-12 13-15 16-17 18+ Staff Staff (M/F/N) Group					
	Male					
	Female					
	Non-Binary					
Room Breakdown	Number of Staff Singles*: Twins*: Triples: Multi-Bedded:					
	Special Request:					
	*Additional Singles and Twins are subject to supplementary costs					
Do vou roquiro Hollopo						
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						

PLEASE DOWNLOAD THIS FORM AND COMPLETE ALL SECTIONS OFFLINE

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 group 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		DEPOSIT: Please make payments t Please refer to our Booking Conditions a			YYYY us.		
ATOL Travel v	ABTA with confidence No.Y6764	PLEASE SAVE THIS COMPL AND EMAIL TO info@hellene Any problems? Contact us or	eschooltravel.	<u>com</u>		y Badge awarded by	STATISTICS

05/07/2024