## **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				Halsbury Travel Ltd 35 Churchill Park Colwick Business Estate Nottingham, NG4 2HF, UK		
Address				Halsbur	V Phone	e: 0115 9404 303 k: 0115 9404 304
City	Ро	stcode				s@halsbury.com
Phone	Fa	x			WM	w.halsbury.com
Email				<b>€</b> BABTA		
Group leader Title	Name					Q11CF
Address				VAT No. 679	1587 77 Reg No. 0 BACS, our account de	
<i></i>				Account Name: Hals	bury Travel Ltd	
City	ne Postcode			Account Number: 97564087 Sort Code: 60-13-23		
Home phone	IVIC			Bank: Natwest (Long	g Eaton)	
Home email					advice: sue@halsbury	
Finance Name Contact Email				If possible, please pu ence when sending a	t the unique trip code a BACS payment.	as the refer-
Home contacts for emergency	use only. Occasionally,	we may contact you with o	offers regard	ding similar trips. Please ti	ck here if you do not w	rish us to do so. 🗆
Group composition deta	ils		Transp	ort details		
Age range of students			Destina	ation resort		
	Number of pax	Cost per pax	Date of	f departure		
Paying passengers under 1		£	Preferr	ed time of departure		
Paying passengers over 18		£	Date of	freturn		
Free adult places			Preferr	ed time of return		
Other passengers		£	Proferm	ed Channel crossing	Ferry Euro	tunnel 🗌 N/A
Total passengers		. []	Treferit		Eurostar from	
Supplements					L	
(please refer to your quote for details)		Air transport details				
			Preferr	ed departure airport		
Any passengers with reduced mobility? O Yes O No Preferre				red arrival airport		
Accommodation details			UK coa	ch transfers required?	O Yes O No	
Number of nights in accom	modation	Meals basis O Bed	& Breakfa	st O Half-Board (incl.) and evening meal)		ard (incl. breakfast, d evening meal)
Ski pack details					r	
	ginner 🗌 Interme		Numbe	er of snowboarders	-	
Tuition required Not		4hOther	Extra ir	nstructors required ove	r 1:12 ratio	
		Required	Après-	ski requirements		
		Extended Required	Special	l requirements		
have read the booking condition uthorised to sign on behalf of th on behalf of my party for Halsbur rs for the purpose of fulfilling th ontractual agreement, I authoris ravel and medical insurance for 1	ne others in my group. F ry Travel to process any e contractual agreemen se Halsbury Travel to tra	or air trips: I enclose an off personal information, inclu nt. For groups that are trave nsfer such data to these co	icial passen uding any m elling to des puntries. I u	ger list as required. By sign nedical or dietary needs ar stinations that are not with nderstand that on receipt	ning this Booking Forn nd to forward such info hin the EEA, for the pu	n, I give explicit cons prmation to any supp pose of fulfilling out
l wish to	ouse			ry Loyalty Scheme. I decla e points as stated in the to		
l enclose an initial deposi	t of £	per paying pasenger	(£	total) to secu	ire the above mentio	oned places.
Signed By typing your name y	ou confirm that you agree to th	ne booking conditions:	Date			