

Booking Form

This form to be forwarded to:

The School Journey Association, FREEPOST, 48 Cavendish Road, London SW12 0DH.

If you are entitled to reclaim VAT (UK only) a VAT invoice will be sent to you on request.

NO BOOKING ARRANGEMENTS WILL BR PROCEEDED WITH UNTIL THIS FORM AND DEPOSIT ARE RECEIVED. PLEASE READ BOOKING CONDITIONS.

NAME OF SCHOOL _____ **PHONE No.** _____

POSTAL ADDRESS _____ **FAX No.** _____

NAME OF PARTY LEADER _____ **PHONE No.** _____

and **PRIVATE ADDRESS** _____

between end of School Term and Departure of Tour _____

DATE OF SCHOOL CLOSURE PRIOR TO TOUR _____

Tour No. _____ **Duration** _____ **Destination** _____

Date & Day of Departure _____ **Date of Arrival Back in UK** _____

No of pupils	Boys	Girls	Total Pupils	Corrected totals (for office use)				Extra Meals
11 and under								Please state requirements for meals en route not provided in tour cost _____ _____ _____ _____
12-13								
14-15								
16								
17								
18-25								
Total Pupils								
	Men	Women	Total Adults					
No. of Adults								
Please state if these totals include any married couples	Total of party							

Optional Excursions

Excursions to		
1	4	
2	5	
3	6	

I have read the 'booking conditions attached and accept them on behalf of the party and the parents

Signature of party leader _____ Date _____

Signature of head teacher/principal _____ Date _____

Remarks (for office use only) _____
