

Date of Travel	Name of School/Group
Address	
	Post Code
	Fost Code
Day Time Contact No.	
Name of Group Leader	
Address	
	Post Code
Home Tel. No.	
Mobile No.	
e-mail address	
Holiday Details	
Resort Details	
Hotel Preference	
Group Details (Free place	ratio 1:10)
\$ 5 FREE places for 4	4 paying passengers per coach 🛛 🗰
No. Pupils under 18	
No. of Adults	
	in excess of free place ratio will be charged at adult rate)
Room Request	
Single Twir	ns Double Triple Quad
	carry out your request, however we cannot guarantee that this will be ecessary to pay a nightly supplement to secure your request.)

Business address 4, Rhyd-y-Gwern Close, Rudry, Caerphilly CB CF83 3NN

Tel: 02920866386 Fax: 02920864877 Mobile: 07764184465 email: bluerocktravel@nichollsg.fsnet.co.uk email: gwynivor@nichollsg.fsnet.co.uk www.bluerocktravel.com



Blue Rock Travel Ltd Company No. 05302744

Name of school:

Date of Travel:

Special Requests (These will be noted but cannot be guaranteed)

I enclose a crossed cheque to the value of \pounds

To cover the deposit of £50.00 per paying passenger for the above holiday. I certify on behalf of the members of the party listed above and named on the form below; by whom I warrant I am authorised to make this booking; that we agree to the Blue Rock Travel Ltd conditions and the conditions of the insurance set out in the current brochure that our booking is made upon and subject to those terms.

Signed

Date

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Name of school:

Date of Travel:

List of Party

No.	Name	Adult/M/F Boy/Girl	D.O.B
2			
3			
4			
5			
6			
7			
8			
9			
10			
12			
13			
4			
15			
16			
17			
18			
19			
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22			
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27			
28			
29			
30			

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Name of school:

Date of Travel:

List of Party

No.	Name	Adult/M/F Boy/Girl	D.O.B
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			

Staff Male	
Staff Female	
Pupils (Girls	
Pupils (Boys)	

Total

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