

Ski Holiday Enquiry/Booking Form 2018/19



Date of Travel _____ Name of School/Group _____

Address _____

Post 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 44 paying passengers per coach** ★

No. Pupils under 18 _____

No. of Adults _____

(Please note that adults in excess of free place ratio will be charged at adult rate)

Room Request

Single Twins Double Triple Quad

(We will endeavour to carry out your request, however we cannot guarantee that this will be possible and it may be necessary to pay a nightly supplement to secure your request.)

Business address 35, Court Road, Weymouth, Dorset DT3 5DQ

Mobile: 07764184465 www.bluerocktravel.com

email: gwynivor@gmail.com email: bluerocktravel@gmail.com

Blue Rock Travel Ltd Company No. 05302744



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Name of school: _____

Date of Travel: _____

Meal Basis

Half board at Hotel with a Hot mid - day meal on the mountain.

Ski Packs

No. of pupils requiring Ski Pack 2hrs

No. of pupils requiring Ski Pack 4hrs

No. of pupils requiring Snowboard Pack 2hrs

No. of pupils requiring Snowboard Pack 4hrs

No. of Adults requiring Ski pass and meals only

No. requiring Ski Hire

No. requiring Snowboard Hire

(Please indicate the number of the group requiring the above)

Please note snowboarding groups must have a minimum of 8 of similar ability

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

I enclose a crossed cheque to the value of £ _____

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
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
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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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