Group travel quotation form

DETAILS

Name of school/club: .....

Contact person:.....

Address: .....

.....

Phone: ..... (w) ..... (a/h)

Fax: ..... Mobile: .....

E-mail: .....

FLIGHTS

Date of departure: .....

Return date: .....

Airline preference.....

Stopover required: YES/NO

ACCOMMODATION

☐ Twin share (2 beds)

☐ Double share (1 bed)

☐ Triple share (3 beds)

☐ Multishare (dorm-style)

TRAVEL INSURANCE

Travel insurance is strongly advised - would you like it included in your costs?

YES / NO

Please return completed form to:

TRAVEL BY TRACEY
PO BOX 3293
LOGANHOLME, QLD 4129
FAX: +61 7 3801 5820
Email:tracey@travelbytracey.com.au

NUMBERS OF PASSENGERS

Adults ☐

Students ☐

Other ☐

TOUR TRANSPORTATION

Coach & Driver ☐

Hire vehicles

Car(s) ☐

Minivan(s) ☐

OTHER REQUIREMENTS/REQUESTS:

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