

# Group travel quotation form

## DETAILS

Name of school/club: .....

Contact person:.....

Address: .....

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

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

E-mail: .....



## NUMBERS OF PASSENGERS

Single travellers

Couples

Supporters

## FLIGHTS

Date of departure: .....

Return date: .....

Airline preference.....

Stopover required: YES/NO

## TOUR TRANSPORTATION

Coach & Driver

### Hire vehicles

Car(s)

Minivan(s)

## 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

## OTHER REQUIREMENTS/REQUESTS:

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