



Ojemba Travel: Groups Booking Form.

PLEASE COMPLETE IN BLOCK CAPITALS AND IN BLUE OR BLACK INK ONLY.

SECTION A: SCHOOL / ORGANISATION DETAILS.

Please provide the details of your school or organisation.

NAME OF SCHOOL OR ORGANISATION:

ADDRESS:

POST CODE:

HEAD OF SCHOOL OR ORGANISATION:

SECTION B: PRIMARY CONTACT DETAILS.

Please give the details of the leader of the booking.

TITLE:

FIRST NAME:

SURNAME:

ADDRESS:

POST CODE:

E MAIL ADDRESS:

TEL (DAY):

TEL (EVE):

MOBILE:

SECTION C: PASSENGERS.

NUMBER OF PAYING GUESTS:

NUMBER OF FREE GUESTS*:

*One free place is offered for every ten paying guests.

COST PER PERSON:

TOTAL COST:

NUMBER OF MALES:

NUMBER OF FEMALES:

NUMBER OF STAFF:

DID ANYONE TRAVELLING LOOSE FAMILY MEMBERS IN THE CAMPS?

YES NO

SECTION D: TRAVEL DETAILS.**JOURNEY DESCRIPTION:****DEPARTURE DATE:****RETURN DATE:****DATE OF INFORMATION EVENING:****CHOICE OF DEPARTURE AIRPORT (where appropriate):****FLIGHT DETAILS (where appropriate):****SECTION E: EMERGENCY CONTACT .**

Please provide the details of an emergency contact whilst abroad.

TITLE:**FIRST NAME:****SURNAME:****ADDRESS:****POST CODE:****E MAIL ADDRESS:****TEL (DAY):****TEL (EVE):****MOBILE:****SECTION F: WHEELCHAIR USERS.**

If you or any of your party are disabled please complete the following:

To ensure you receive the support required please include full details of disabilities and clearly explain any special help, assistance, room requirements or diet that may be needed.

NAME OF GUEST(S) WITH WHEELCHAIR(S):**NAME OF GUEST WHO IS DESIGNATED CARER/ASSISTANT:****ARE THEY ABLE TO WALK ONE MILE UNAIDED?** YES NO**ARE THEY ABLE TO WALK UP TEN STEPS UNAIDED?** YES NO**ARE THEY TAKING THEIR OWN WHEELCHAIR?** YES NO**IS IT A POWERED WHEEL CHAIR (MAX WEIGHT 60KGS)?** YES NO**SECTION G: SPECIAL DIETARY REQUIREMENTS.**

If anyone in your party has a need for vegetarian food or has any special diet requirements, please complete this section

NUMBER OF VEGETARIANS:**NUMBER OF SPECIAL DIETARY REQUIREMENTS:****PLEASE SPECIFY DETAILS BELOW:**

Please give as much information as possible for special dietary requirements, including but not exclusive to...
Gluten Free, Allergies, No Nuts, Low Fat, Low Sugar, Diabetic.

It may not be possible to provide special food whilst travelling.

Any other important information concerning health of guests should be notified to Ojemba Travel.

SECTION H: AGREEMENT:

I have read and agree to accept the Booking Conditions as detailed in the brochure and the website. A copy of the booking conditions is available on request.

NAME:

DATE:

SIGNATURE:

SECTION I: PAYMENT:

I/We have read and, by signing below, agree to accept Ojemba Travels Booking Conditions.

Payments by cheque should be made payable to 'Ojemba Travel'. We cannot accept cash.

I enclose my payment of £ being the deposit.

I WOULD LIKE TO PAY BY: **CREDIT CARD** **DEBIT CARD**

PLEASE DEBIT MY CREDIT/DEBIT CARD FOR THE AMOUNT OF: £ . P

I AUTHORISE THE BALANCE TO BE DEBITED FROM MY ACCOUNT EIGHT WEEKS PRIOR TO DEPARTURE **YES** **NO**

START DATE:

EXPIRY DATE:

ISSUE NUMBER*:

*If applicable.

NAME:

DATE:

SIGNATURE:

SECTION J: ADDITIONAL SPACE:

PLEASE USE THE SPACE BELOW FOR ANY ADDITIONAL INFORMATION:

Thank you.