LANGUAGE CAMPUS | Gran Canaria

GROUP BOOKING FORM 2020

Notes on completing this form:

Fields with an asterisk must be completed. If you do not have the flight details at this time, please write "Not known". If you have more than 30 students, please make a second copy of the sheet. When saving and naming the file, please use the name of your agency at the start of the file and the school name after e.g. Great Travel LC Group Booking 2020

Name of the agency*: _____ Agency Contact Person*: _____

Arrival Date*: _____ Departure Date*: _____

Agency Email Address*: _____

Flight Details:

Inbound Originating Airport*: _____ Inbound Flight No.*: _____

Outbound Originating Airport*: _____ Outbound Flight No.*: _____

Other comments relating to the flights: _____

Please refer to your LC Group Quote and our Price List for the prices of any addition to the package price. LC will not be held responsible for leisure activities or excursions which have not been booked and agreed in advance of arrival.

Other information: _____

Group Leaders' Name and Details

No.	First Name	Family Name	Date of Birth	Sex	Passport ID/Card No.	Nationality	Health & Dietary Requirements	Medical & Sharing Preferences
1								
2								
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LANGUAGE CAMPUS | Gran Canaria

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Students' Name and Details

No.	First Name	Family Name	Date of Birth	Sex	Passport ID/Card No.	Nationality	Dietary Requirements & Sharing Preferences	Medical Notes
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