RESERVATION FORM

PROMÉTOUR

PLEASE COMPLETE CLEARLY IN BLACK INK & BLOCK CAPITALS

SCHOOL NAME | **REF.**

DESTINATION | **STUDENT PARTICIPANT** ☐

GROUP LEADER | **GROUP LEADER PARTICIPANT** ☐

SURNAME - AS APPEARS ON PASSPORT	DATE OF BIRTH (DD/MM/YYYY)

FIRST NAME (S) - AS APPEARS ON PASSPORT	GENDER
	MALE / FEMALE

PASSPORT NUMBER	PASSPORT ISSUE DATE	PASSPORT EXPIRY DATE	NATIONALITY

HOME ADDRESS

POSTCODE	HOME PHONE NUMBER	MOBILE PHONE NUMBER

EMAIL ADDRESS OF PARENT / GUARDIAN

DO YOU TAKE MEDICATION OR HAVE ANY ONGOING MEDICAL CONDITIONS? YES ☐ NO ☐

DETAILS *(IF CIRCUMSTANCES CHANGE BEFORE DEPARTURE PLEASE INFORM YOUR GROUP LEADER)*

DO YOU HAVE ANY ALLERGIES or SPECIAL DIETARY REQUIREMENTS? YES ☐ NO ☐

DETAILS

ADDITIONAL INFORMATION ……. ASSISTANCE REQUIRED / SPECIAL REQUESTS? YES ☐ NO ☐

DETAILS *(continue on a separate sheet if necessary)*

EMERGENCY CONTACT # 1 (MAIN CONTACT)

FULL NAME	RELATIONSHIP TO PARTICIPANT

HOME PHONE NUMBER	MOBILE NUMBER

EMERGENCY CONTACT # 2

FULL NAME	RELATIONSHIP TO PARTICIPANT

HOME PHONE NUMBER	MOBILE NUMBER

AUTHORISATION

I hereby authorise my child to travel with PROMÉTOUR. In the event of an emergency, I authorise PROMÉTOUR and its representatives, to make any decisions concerning the well being of the above named participant.

I have read the terms and conditions and I accept them fully, without condition.

PARENT / GUARDIAN SIGNATURE	NAME PRINTED	DATE (DD/MM/YY)

PARENT / GUARDIAN SIGNATURE	NAME PRINTED	DATE (DD/MM/YY)

CHEQUES MADE PAYABLE TO YOUR SCHOOL