

GROUP BOOKING REQUEST FORM

Minimum 10 passengers

Please provide accurate information and complete this form in CAPITAL LETTERS

Group information:

Group name

How many people are travelling?

Adults

Children

Lead passenger's details:

Title

First name

Surname

Contact telephone numbers (daytime) (other)

Email address

Address

Town/City

Country/Island

Postal Code

Remaining passengers details (if available):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Additional passenger details can be completed on the next page as required

Flight details:

We wish to travel from

We wish to travel to

Outbound date Preferred outbound time

Return date Preferred return time

Equipment/bulky baggage – specify type and quantity

Additional information/further passenger names

On completion please fax to our reservations team on **01534 747163** or email to book@blueislands.com