

Provisional Booking Form

INDIVIDUALS BOOKINGS ONLY

Please turn over for GROUP BOOKINGS

Please complete this form and fax it to 00 44 1628 829977 or send it to:
The Ardmore Group, Hall Place, Berkshire College, Burchetts Green, Berkshire SL6 6QR England.

Name of Student _____ Date of birth _____

Male or Female _____ Nationality _____

Address of Student _____

Telephone _____ Fax _____

Mobile Telephone _____ Email _____

College / Course chosen _____

Date of arrival into Britain _____ Departure date from Britain _____ Number of nights _____

Number of years studying English _____ Level of English _____

Medical information (eg asthmatic, allergic to penicillin, aspirin etc)

Emergency contact details of parents/guardian whilst student is in UK (must include mobile):

Name _____ Address _____

Telephone _____ Mobile Telephone _____

It is a condition of your booking with us that all participants are covered by a personal travel insurance policy. Please indicate by ticking one of the boxes, if you would like us to arrange insurance cover: Yes No.

I have arranged alternative personal travel insurance which provides comparable cover as that offered by The Ardmore Language Group .Furthermore I absolve Ardmore of all possible liabilities which may arise due to my failure to take out adequate insurance cover.

I confirm that I will send Ardmore a copy of the Insurance Policy.

Airport/rail/coach transfer - does your child require a transfer? Yes No.

If YES please give details below:

Arrival time	Airport/station	Date	Flight/coach
Departure	Airport/station	Date	Flight/coach

DECLARATION : I confirm that I have read, understood and accept the Booking Terms and Conditions and the clause relating to insurance

Signature _____ Date _____ Name _____

(Must be signed by Parent/Guardian if student is under 18)

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Please complete this form and fax it to 00 44 1628 829977 or send it to:
The Ardmore Group, Hall Place, Berkshire College
Burchetts Green, Berkshire SL6 6QR England.

Name of Agent/Group leader _____

Address of Agent/Group leader _____

Telephone _____ Fax _____

Mobile Telephone _____ Email _____

College / Course chosen _____

Date of arrival into Britain _____ Departure date from Britain _____

Number of nights _____ Number of students _____ Group leaders _____ Drivers _____

It is a condition of your booking with us that all participants are covered by a personal travel insurance policy. Please indicate by ticking one of the boxes, if you would like us to arrange insurance cover Yes No. If insurance is not required we need to see a copy of your comparable insurance policy.

I have arranged alternative personal travel insurance which provides comparable cover as that offered by The Ardmore Language Group. Furthermore I absolve Ardmore of all possible liabilities which may arise due to my failure to take out adequate insurance cover.

I confirm that I will send Ardmore a copy of the Insurance Policy.

DECLARATION :

I confirm that I have read, understood and accept the Booking Terms and Conditions and the clause relating to insurance.

Signature _____ Date _____

Name _____

How did you hear about us? _____
