



TRIP DETAILS AND INSURANCE PAYMENT SUMMARY 2017-2018

This form is to be completed a minimum of two weeks before scheduled departure date; and should be returned to: **Administration, Education Services, Sir Charles Frossard House, St. Peter Port, GY1 1RQ**

School/Group Name:	
Party Leader – Information	
Name:	
Contact Number:	
Email Address:	
Dates of Trip	
Departure Date:	
Return Date:	
Destination:	
Purpose of Trip:	
Group/Passenger Numbers - Breakdown	
Number of Staff:	
Number of Pupils/Students:	
Total:	
Date Trip Booked:	
Total Enclosed (£):	

		Office Use Only	
Payment Options (select one option, by ticking a box)		Payment Received (Y/N)	Date
Journal	<input type="checkbox"/>		
Cheque	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
If selected payment option is by cheque, a cheque for the relevant amount must be enclosed with this form and made out to 'The States Of Guernsey'			

COLLECTIVE PASSPORT?: – please tick the box if required	<input type="checkbox"/>
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School Journey Insurance Rates (with effect from 1st September 2017)

Length of trip (days)	1	2	3	4	5	6	7	8+ days
Cost per person	£2	£4	£5.50	£7.00	£8.25	£9.50	£10.75	£4 + £1/day