

TRAVEL FORM

Please complete either Part A or Part B.

You can either fax this form to +44 1323 72 82 79 or email to info@geos-ltc.com

We will confirm the receipt of this form and any necessary travel arrangements once we have received the form.

****If you are under 16 years old, please let us know whether you booked an unaccompanied minor service with your airline****

NAME OF STUDENT: _____
 (First Name) (Family Name / Surname)

PART A

I do **NOT** want Airport Transfer

Please give us your approximate arrival and departure times anyway. It is very important!

ARRIVAL	
I will arrive at	
<input type="checkbox"/> my homestay accommodation	
<input type="checkbox"/> GEOS-LTC College	
Date	
Time	

DEPARTURE	
I will depart from	
<input type="checkbox"/> my homestay accommodation	
<input type="checkbox"/> GEOS-LTC College	
Date	
Time	

PART B

I **WANT** Airport Transfer

ARRIVAL		
I will arrive at		
Airport	Terminal	
<input type="checkbox"/> Heathrow	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Stansted		
<input type="checkbox"/> Luton		
<input type="checkbox"/> Gatwick	<input type="checkbox"/> South	<input type="checkbox"/> North
Date		
Flight		
Time of arrival		
Are you sharing a taxi with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who with? _____		

DEPARTURE		
I will depart from		
Airport	Terminal	
<input type="checkbox"/> Heathrow	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Stansted		
<input type="checkbox"/> Luton		
<input type="checkbox"/> Gatwick	<input type="checkbox"/> South	<input type="checkbox"/> North
Date		
Flight		
Time of departure		
Are you sharing a taxi with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who with? _____		