**Confirmation of Final Details**

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| **Group Name** |  |
| **Destination** |  |
| **Date(s)** |  |

Please complete and return this document to your contact at Anglia Tours.

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| **Pick Up Point for Coach** |  |

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| **Numbers / Breakdown** |
| Male Students/Cadets |  | Female Students/Cadets |  |
| Male Staff/Personnel/Adults |  | Female Staff/ Personnel/Adults |  |
| **Total Confirmed Final Numbers** |  |

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| **1. Dietary** Students/cadets and Staff/ Personnel/Adults with a **SINGLE** dietary requirement **ONLY** (Those with multiple requirements should be shown in box 2 below instead) |
|  | Total Number of Students/cadets and Staff/Personnel/Adults with requirement |
| Nut Allergy |  |
| Vegetarian |  |
| Vegan |  |
| Lactose Intolerant/No Dairy |  |
| Coeliac (Gluten Free) |  |
| Halal (Will be offered Vegetarian Option) |  |
| Kosher (Will be offered Vegetarian Option) |  |
| **2. Additional medical dietary requirements not listed above OR those with multiple dietary requirements**  |
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| While we endeavor to take the information provided into account, we cannot guarantee that all requirements can be met by all of our suppliers and we cannot accommodate personal preferences.Any changes to this information provided less than 2 weeks prior to departure may result in our suppliers being unable to accommodate your request. |

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| **Medical Information** (Serious medical issues which could impact on the smooth running of your tour, such as acute medical needs or wheelchair access). Please specify exact requirements here or request a Special Assistance Checklist. |
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| **Emergency Contact Details** |
| Group Leader Mobile (on tour) |  |
| School/Group Mobile on Tour |  |
| Out of Hours School/Group Number in the UK |  |

**Name**…………………………… **Signature**……………………… **Date**…………………………….