

# contiki

## CUSTOM GROUP REQUEST FORM



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Contiki Holidays Groups Department requires this form to be completed so that we may provide a quotation for your request of a customized vacation.

## WHAT WE NEED TO KNOW:

\*Mandatory fields

\*School/Agency Name:

\_\_\_\_\_

\*Number of Travel Days:

\_\_\_\_\_

Minimum 4 months from the date of request.

\*Destination/s or Trip Name:

\_\_\_\_\_

\_\_\_\_\_

\*Departing City:

\_\_\_\_\_

\*Departure Date:

\_\_\_\_\_

\*Return Date:

\_\_\_\_\_

\*Deadline for proposal submission:

\_\_\_\_\_

\*Do you require air for your group?

(Please tick) There must be a minimum of 10 or more passengers from the same gateway city in order for Contiki to request group air.

NO

YES

\*Agent Name/Organizer:

\_\_\_\_\_

\*Number of expected passengers:

\_\_\_\_\_

\*Number of passengers under 18:

\_\_\_\_\_

Minimum age 14, 1 to 10 chaperone ratio for underage groups.

\*Group Leader:

\_\_\_\_\_

\*Phone:

\_\_\_\_\_

\*Email:

\_\_\_\_\_

\*Budget per person:

\_\_\_\_\_

\*Number of free of charge seats:

\_\_\_\_\_

This is for the tour portion only.

\*Occupancy Type:

(Please tick)

TWIN SHARE

QUAD SHARE

NO PREFERENCES

\*Included Meals:

(Please tick) Breakfast included daily.

NUMBER OF LUNCHESES: \_\_\_\_\_

NUMBER OF DINNERS: \_\_\_\_\_

## OTHER DETAILS:

1 Do all the group members know each other?  
(Please tick)

NO

YES

2 What classes, interests or background have your group members taken that may be relevant to their experience on trip?  
e.g. art, history, language:

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3 What are your goals for the trip?  
e.g. experience culture, learn about history, see art, just have fun etc...

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4 Is there any information we can pass along to Operations to help them tailor this trip for you?

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5 Does anyone have any special diets, needs, requests while on this trip with us?

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6 Any specific must do destinations or activities?

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How will the tour be advertised?

IN THE SCHOOL/AGENCY

TRAVEL TALKS

BROCHURE/FLYER

NEWSPAPER

OTHER (Please specify)

RADIO PROMOTION

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How did you hear about us?

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\*Emergency contact name/number:

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\*Date completed:

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\*Information provided by:

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What type of marketing assistance do you require to ensure maximum selling results?

DOES NOT APPLY

ORIENTATION SEMINARS

OTHER (Please specify)

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**ONCE YOU HAVE COMPLETED THIS FORM, PLEASE EMAIL IT TO GROUPS@CONTIKI.CA.**

Please allow 4-7 days for your proposal to be sent. Thank you for thinking of Contiki Holidays for your group travel needs.