



**TRACK & FIELD HOUSE**  
 66 FRYERNING LANE INGATESTONE  
 ESSEX CM4 9EE United Kingdom

TEL: (01277) 354377  
 FAX: (01277) 355412

# SPECTATOR TOURS BOOKING FORM

Tour / Event Commonwealth Games  
 DELHI

Tour Code TFI1 / 10

Tour Option \_\_\_\_\_ (eg 1)

Hotel Name \_\_\_\_\_

No. of Nights \_\_\_\_\_

OFFICE RECEIPT DATE

INVOICE Number:

## EVENT TICKETS

**ATHLETICS TICKETS**  
 CAT \_\_\_ for \_\_\_ persons  
 Season Ticket [ ] Please  
 OR tick  
 Day Tickets [ ]  
 AM on Oct \_\_\_\_\_  
 PM on Oct \_\_\_\_\_  
**CEREMONIES:**  
 Opening CAT \_\_\_ x \_\_\_  
 Closing CAT \_\_\_ x \_\_\_  
*Request and complete  
 separate ticket order form for  
 all other sports*

## ACCOMMODATION INFORMATION

## TRAVEL INFORMATION

Travel Type \_\_\_\_\_ (air / rail / bus)

Dep / Arr Time /

Dep / Arr Time /

Booking Ref: \_\_\_\_\_ Office Use

<b>T O U R B O O K E R</b>	Mr / Mrs / Ms / Dr / SURNAME OF TOUR BOOKER	FIRST NAME
	ADDRESS	DAYTIME TELEPHONE NUMBER
	CITY / TOWN	HOME TELEPHONE NUMBER
	COUNTY or COUNTRY	MOBILE or FAX NUMBER (Please Delete)
	POSTAL CODE	E-MAIL ADDRESS

**IMPORTANT! PLEASE READ:** FULL CLIENT DETAILS OF ALL MEMBERS OF PARTY: (continuation sheet available for Groups)  
 ROOM TYPE: as detailed in our Tour Information – 'ROOMSHARE' for clients travelling alone is subject to availability.  
 INSURANCE: you will be invoiced for our policy unless you delete 'YES'. Please state alternative cover if our insurance is not required.

	Title	Surname	First Name	D.O.B	Nationality	Room Type	Room No.	Ins.	T-shirt size	Smoker
1							1	YES		
2								YES		
3							2	YES		
4								YES		
5								YES		

## ADD ON TOUR REQUEST:

Add on Tour Option	Start Date	No of Nights
eg Golden Triangle Tour		

## SPECIAL REQUESTS:

e.g. vegetarian meals on flights / room on lower floor in hotel etc.

*On behalf of all passengers booked, I accept that this booking is subject to the Booking Conditions.  
 I agree to indemnify Track & Field Tours Ltd against a breach of contract by those booked.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY:

Insurance Cert No:

Date	£	Date	£
Date	£	Date	£
Date	£	Date	£

## CLIENT PAYMENT INFORMATION:

		Office Use	
<b>TOUR DEPOSIT</b>			
Athletics Tickets	x		£
Ceremony Tickets	x		£
Other Tickets – see form	x		£
Flights	x		£
Travel Insurance	x		£
Agra / Taj Mahal Day Trip	x		£
Golden Triangle Tour	x		£
Misc _____	x		£
<b>TOTAL PAYMENT ENCLOSED</b>			<b>£</b>

Cheques should be made payable to 'Track & Field Tours Ltd'

Switch  Delta  Visa  M/C

For credit card payments of £250+ we levy a 1.8% surcharge

Expires \_\_\_\_\_ Valid from \_\_\_\_\_ Cardholders signature \_\_\_\_\_

Switch issue no. \_\_\_\_\_

SecurityCode \_\_\_\_\_