



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

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

ATHLETICS TRAINING BOOKING FORM

Training Venue

Tour Code

Group Name

PLEASE COMPLETE FORM USING CAPITAL LETTERS

OFFICE RECEIPT DATE

INVOICE Number:

SERVICES CHECK LIST
Office Use Only

ACCOMMODATION INFORMATION		Accomm Name
Arrival Date		No. of Nights

Booked Date	
Accommodation	
Flights	
Airport Transfers	
Vehicle Hire	

TRAVEL INFORMATION		Travel Type	(air / rail / bus)
Departure Date		Dep / Arr Time	/
Return Date		Dep / Arr Time	/
Departure Point		Booking Ref:	Office Use

TOUR BOOKER	Mr / Mrs / Ms / Dr /	SURNAME OF TOUR BOOKER		FIRST NAME		
	ADDRESS		DAYTIME TELEPHONE NUMBER			
	CITY / TOWN		HOME TELEPHONE NUMBER			
	COUNTY or COUNTRY		POSTAL CODE		MOBILE or FAX NUMBER (Please Delete)	
	E-MAIL ADDRESS					

PLEASE COMPLETE CLIENT DETAILS OF ALL MEMBERS OF PARTY – For Groups of 5+ please complete the attached Group Information Form
 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	Accomm Type	Room No.	Insurance	T Shirt Size
1							1	YES	
2								YES	
3							2	YES	
4								YES	
5								YES	

TRAINING DISCIPLINE(S) eg Sprints / Hurdles	CLIENT PAYMENT INFORMATION:												
<p>SPECIAL REQUESTS:</p> <p>e.g. vegetarian meals on flights / room on lower floor in hotel etc.</p> <p><i>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.</i></p> <p>Signed _____ Date _____</p>	<p style="text-align: right;">Office Use</p> <p>TOUR DEPOSIT _____ x _____ = £ _____</p> <p>Travel Insurance _____ x _____ = £ _____</p> <p>Misc. eg _____ x _____ = £ _____</p> <p>Flights _____ x _____ = £ _____</p> <p>Sports Pass _____ x _____ = £ _____</p> <p>Transfers _____ x _____ = £ _____</p> <p>TOTAL PAYMENT ENCLOSED £ _____</p> <p>Cheques should be made payable to 'Track & Field Tours Ltd'</p> <p>Switch <input type="checkbox"/> Delta <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/></p> <p>For credit card payments of £250+ we levy a 1.8% surcharge</p> <p>Expires _____ Valid from _____ Cardholders signature _____</p> <p>Switch issue no. _____</p> <p style="text-align: right;">SecurityCode _____</p>												
<p>OFFICE USE ONLY:</p> <p>Insurance Cert No:</p> <table border="1"> <tr> <td>Date</td> <td>£</td> <td>Date</td> <td>£</td> </tr> <tr> <td>Date</td> <td>£</td> <td>Date</td> <td>£</td> </tr> <tr> <td>Date</td> <td>£</td> <td>Date</td> <td>£</td> </tr> </table>	Date	£	Date	£	Date	£	Date	£	Date	£	Date	£	
Date	£	Date	£										
Date	£	Date	£										
Date	£	Date	£										

GROUP INFORMATION FORM

No.	Title	Surname	First Name	D.O.B	Nationality	Accomm Type	Room No.	Insurance	T Shirt Size
1							1	YES	
2								YES	
3							2	YES	
4								YES	
5								YES	
6								YES	
7								YES	
8								YES	
9								YES	
10								YES	
11								YES	
12								YES	
13							YES		
14							YES		
15							YES		
16							YES		
17							YES		
18							YES		
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26							YES		
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28							YES		
29							YES		
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32							YES		
33							YES		
34							YES		
35							YES		
36							YES		
37							YES		
38							YES		
39							YES		
40							YES		
41							YES		
42							YES		
43							YES		
44							YES		
45							YES		
46							YES		
47							YES		
48							YES		
49							YES		
50							YES		

**PLEASE ENSURE ALL NAMES ARE AS PER PASSPORT AND NOT ABBREVIATED (eg Alex when Alexander / Alexandra)
TAKE CARE OF FIRST NAMES THAT SOMEONE PREFERS TO THEIR GIVEN NAME OR AN ANGLICIZED VERSION OF IT.**