



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

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

# SPECTATOR TOURS BOOKING FORM

PLEASE COMPLETE  
FORM USING  
CAPITAL LETTERS

OFFICE RECEIPT DATE

Tour / Event

Tour Code

Tour Option

(eg 1)

INVOICE Number:

## ACCOMMODATION INFORMATION

Arrival Date

Accomm Name

No. of Nights

## TRAVEL INFORMATION

Travel Type

(air / rail / bus)

Departure Date

Dep / Arr Time

/

Return Date

Dep / Arr Time

/

Departure Point

Booking Ref:

Office Use

## EVENT TICKETS Stadium Selection

Category

No. Required

Ticket Period:

from \_\_\_\_\_ for \_\_\_\_ days

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Mr / Mrs / Ms / Dr / SURNAME OF TOUR BOOKER

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

CITY / TOWN

\_\_\_\_\_

COUNTY or COUNTRY

\_\_\_\_\_

POSTAL CODE

\_\_\_\_\_

FIRST NAME

\_\_\_\_\_

DAYTIME TELEPHONE NUMBER

\_\_\_\_\_

HOME TELEPHONE NUMBER

\_\_\_\_\_

MOBILE or FAX NUMBER (Please Delete)

\_\_\_\_\_

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	Dep. Date	No of Nights

### 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

#### TOUR DEPOSIT

Athletics Ticket(s)

Travel Insurance

Misc. eg \_\_\_\_\_

Flights \_\_\_\_\_

Excursion \_\_\_\_\_

Add-on \_\_\_\_\_

Tour \_\_\_\_\_

Payment \_\_\_\_\_

#### TOTAL PAYMENT ENCLOSED

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

\_\_\_\_\_

SecurityCode

\_\_\_\_\_

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

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