



TRACK & FIELD HOUSE
 66 FRYERNING LANE INGATESTONE
 ESSEX CM4 9EE United Kingdom
 TEL: (01277) 354377
 FAX: (01277) 355412

SPECTATOR TOURS BOOKING FORM

Tour / Event	TAMPERE World Junior Champs
Tour Code	TFFIN1/2018
Tour Option	

PLEASE COMPLETE
FORM USING
CAPITAL LETTERS

OFFICE RECEIPT DATE

INVOICE Number:

ACCOMMODATION INFORMATION

Arrival Date	Accomm Name
	No. of Nights

Travel Type	(air / rail / bus)
Dep / Arr Time	/
Dep / Arr Time	/
Booking Ref:	Office Use

EVENT TICKETS
Stadium Selection

Category	
No. Required	
Ticket Period:	
from _____ for _____ days	

TRAVEL INFORMATION

Departure Date	Travel Type
Return Date	Dep / Arr Time
Departure Point	Booking Ref:

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<p>Mr / Mrs / Ms / Dr / SURNAME OF TOUR BOOKER</p> <p>ADDRESS</p> <p>CITY / TOWN</p> <p>COUNTY or COUNTRY</p>	<p>FIRST NAME</p> <p>DAYTIME TELEPHONE NUMBER</p> <p>HOME TELEPHONE NUMBER</p> <p>MOBILE or FAX NUMBER (Please Delete)</p> <p>E-MAIL ADDRESS</p>
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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							1	YES		
3							2	YES		
4							2	YES		

SPECIAL REQUEST(S):

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

On behalf of all passengers booked, I accept that

I agree to indemnify Track & Field Tours Ltd

against a breach of contract by those booked.

Signed _____ Date _____

Office Use

Event Tour Deposit	X	£ 100	=	£	
Flight Tickets	X		=	£	
Rail Tickets	X		=	£	
Athletics Tickets	X		=	£	
Travel Insurance	X		=	£	
TOTAL PAYMENT ENCLOSED	X		=	£	

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

DEBIT CARD CREDIT CARD PLEASE TICK THE TYPE OF CARD BEING USED

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

Expires _____ Valid from _____ Cardholders signature _____

Switch issue no. _____

OFFICE USE ONLY:

Insurance Cert No:

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

TAMPERE FINAL BALANCE DUE DATE – 18 JUNE 2018