



TRACK & FIELD HOUSE
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SPECTATOR TOURS BOOKING FORM	
Tour / Event	Euro Junior U23 Champs TALLINN
Tour Code	TFEST1/2015

PLEASE COMPLETE
FORM USING
CAPITAL LETTERS

OFFICE RECEIPT DATE

INVOICE Number:

ACCOMMODATION INFORMATION		Accomm Name	
Arrival Date		No. of Nights	

EVENT TICKETS
Stadium Selection

TRAVEL INFORMATION		Airline	
Departure Date		Dep / Arr Time	/
Return Date		Dep / Arr Time	/
Departure Airport		Booking Ref:	

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

T O U R B O O K E R	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					

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		

SPECIAL REQUESTS:

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 _____

CLIENT PAYMENT INFORMATION:

	No.	£		Office Use
Hotel Accommodation	<input type="checkbox"/>	X	= £	
Athletics Ticket(s)	<input type="checkbox"/>	X	= £	
Travel Insurance	<input type="checkbox"/>	X	= £	
Flights	<input type="checkbox"/>	X	= £	
Airport Transfers	<input type="checkbox"/>	X	= £	
Misc. eg _____	<input type="checkbox"/>	X	= £	
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

Expires _____ Valid from _____ Cardholders signature _____

Switch issue no. _____ SecurityCode _____

OFFICE USE ONLY:

Insurance Cert No:

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