

# TOUR BOOKING FORM



PLEASE COMPLETE FORM USING CAPITAL LETTERS

OFFICE RECEIPT DATE

**TFT RUNNING TOURS**  
 TRACK & FIELD HOUSE  
 66 FRYERNING LANE INGATESTONE  
 ESSEX CM4 0NN United Kingdom  
 TEL: (01277) 354377 FAX: (01277) 355412

Tour Code **TFARC1 / 2019**  
 Tour Option \_\_\_\_\_ (eg 1)

INVOICE Number:



**OFFICIAL**  
**TOUR**  
**OPERATOR**

ACCOMMODATION INFORMATION		Hotel Name	
Arrival Date		No. of Nights	

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

TOUR BOOKER	Mr / Miss/ 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	Race Entry	ARC	ARW
1							1	YES				
2								YES				
3							2	YES				
4								YES				
5								YES				

**SPECIAL REQUESTS:**

**CLIENT PAYMENT INFORMATION:**

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

*On behalf of all passengers booked, I accept that*

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

<b>TOUR DEPOSIT</b>		X	£ 100	=	£		Office Use
<b>ARC Entry</b> - All 4 races		X	£ 40	=	£		
<b>ARW Entry</b> - Relay & 10 Km		X	£ 20	=	£		
<b>Flight Payment</b>		X		=	£		
<b>Travel Insurance</b>		X		=	£		
<b>Dinner Supplement</b>		X		=	£		

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

DEBIT  CREDIT  PLEASE TICK THE TYPE OF CARD BEING USED

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

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

SecurityCode \_\_\_\_\_

**OFFICE USE ONLY:**

Insurance Cert No:

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