

TOUR BOOKING FORM



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

PLEASE COMPLETE FORM USING CAPITAL LETTERS

OFFICE RECEIPT DATE

INVOICE Number:

ACCOMMODATION INFORMATION

Hotel Name
 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

OFFICIAL TOUR OPERATOR

T O U R B O O K E R	Mr / Miss/ 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	Race Entry		
										ARC	ARW	10miles
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 _____

Office Use

TOUR DEPOSIT	<input type="checkbox"/>	X	£ 100	=	£	
ARC Entry - All 4 races	<input type="checkbox"/>	X	£ 40	=	£	
ARW Entry - Relay & Trail race	<input type="checkbox"/>	X	£ 20	=	£	
Flight Payment	<input type="checkbox"/>	X		=	£	
Travel Insurance	<input type="checkbox"/>	X		=	£	
Dinner Supplement	<input type="checkbox"/>	X		=	£	

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

DEBIT CREDIT PLEASE TICK THE TYPE OF CARD BEING USED

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

SecurityCode

OFFICE USE ONLY:
 Insurance Cert No:
 Date £ Date £
 Date £ Date £
 Date £ Date £

Expires _____ Valid from _____ Cardholders signature _____
 Switch issue no. _____