TRACK & FIELD TOURS

TRACK & FIELD HOUSE
66 FRYERNING LANE INGATESTONE
ESSEX CM4 9EE United Kingdom
TEL: (01277) 354377
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SPECTATOR TOURS BOOKING FORM

Tour / Event	GAVLE European U 23 Champs
Tour Code	TFSWE1 / 2019
Tour Option	

PLEASE COMPLETE FORM USING CAPITAL LETTERS

OFFICE RECEIPT DATE

INVOICE Number:

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	/
Departure Point		*Booking Ref:*	Office Use

EVENT TICKETS
Stadium Selection

Category	
No. Required	

Ticket Period:
from_____ for ____ days

TOUR BOOKER

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

FIRST NAME

ADDRESS

DAYTIME TELEPHONE NUMBER

HOME TELEPHONE NUMBER

CITY / TOWN

MOBILE or FAX NUMBER (Please Delete)

COUNTY or COUNTRY

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	Smoker
1							1	YES		
2								YES		
3							2	YES		
4								YES		

SPECIAL REQUEST:

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 ONLY:

Insurance Cert No:

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

CLIENT PAYMENT INFORMATION:

					Office Use
Event Tour Deposit		x	**£ 100**	= £	
Flight Tickets		x		= £	
Athletics Tickets		x		= £	
_____		x		= £	
_____		x		= £	
Travel Insurance		x		= £	
Payment required in full for flight & athletics tickets and travel insurance at the time of booking		x		= £	
TOTAL PAYMENT ENCLOSED				£	

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

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

SecurityCode

Expires _____ *Valid from* _____ *Cardholders signature*

Switch issue no. _____

GAVLE FINAL BALANCE DUE DATE – 28 JUNE 2019