

THE JERSEY GAMES BOOKING FORM

CONTACT DETAILS

Tour Leader: _____

Name of School/Club: _____

Contact Address: _____

Post Code _____

Tel _____ Mobile: _____

Fax: _____ Email: _____



TOURNAMENT

If you have different sports in your party, please split up below to the best of your knowledge.

If you have different age groups in the same sport, please also split up in the same way.

Dates of Tour: from _____ to _____

	EXAMPLE	Group 1	Group 2	Group 3	Group 4	
Sport Played	Hockey					
Age Group	U15					
Boys/Girls	Boys					
No of Players	12					
No of Staff/Parents	2					
TOTAL	14					Total Party

Preferred Airport: _____

Playing Colours: _____

Notes: _____

Travel insurance required? Yes No

Would you like to receive further information on tour kit? Yes No

I have made a payment to SWEET CHARIOT LEISURE LTD for £ _____ per paying passenger as the first deposit for my group making a total of £ _____

I also certify on behalf of the members of the party referred to on this form, by whom I warrant I am authorised to make this booking, that I agree to the [BOOKING CONDITIONS](#) and that our booking is made upon and subject to those terms:

SIGNED _____ DATE _____