

BOOKING FORM

SWEET CHARIOT

Tour Reference (office use only)

CONTACT DETAILS

Tour Leader's Name: _____

Name of Club/School/Group: _____

Contact Address: _____

Post Code: _____ Tel: _____

Mobile: _____ Email: _____

YOUR TOUR

Preferred touring destination(s): _____ Number of Students (boys/girls): _____ Number of Staff: _____

Main subject of tour: _____ Age range of Students: _____

Length of tour: _____ Proposed dates: _____

Method of travel: _____ Preferred Departure point: _____

Type of accommodation required (hotel, hostel, billeting etc): _____

Meal basis (room only, B&B etc): _____

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 LIMITED 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 _____