

INBOUND BOOKING FORM

SWEET CHARIOT

Please complete this form and send it with your deposit to the address below.

Tour Reference (office use only)

CONTACT DETAILS

Tour Leader's Name: _____

Name of Organisation: _____

Contact Address: _____

_____ Post Code: _____

Tel H : _____ Tel W: _____

Mobile: _____ Fax: _____

Email: _____

YOUR TOUR

Type of Tour (i.e. Sport, Drama, Culture): _____

Age Group (Adult, Student, University): _____

Length of tour: _____ Proposed dates: _____

Number of tourists 18 and Over: _____ Number of tourists Under 18: _____

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

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

For Sports Groups Only

Sports played: _____ Number of games per sport: _____

Teams (eg: U16/U18): _____ Playing colours: _____

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 _____