

# 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 \_\_\_\_\_