

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

	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 Party
TOTAL	14					0
Standard	5					

Please provide an indication of your team's standard, using the scale below:

10 = National 9 = County 8 = District or Borough 7 = Very Strong 6 = Strong 5 = Good 4 = Average 3 = Weak 2 = Beginner 1 = Never played before

Preferred touring destination(s): _____

Number of games: _____

Length of tour: _____ Proposed dates: _____

Method of travel: _____ Preferred Departure point: _____

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

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 _____