Booking Form

Group / Group Leader

Name of Group		Name of Group Leader	
Address			
Email Address		Work Phone	
Mobile Phone		Home Phone	

Sport

	Team 1	Team 2	Team 3	Team 4	Team 5
Sport					
Age Group / Tournament Category					
Male / Female					
Playing Standard *10 = Professional level 1 = Beginner level*					
Team Colours					

If you are booking for a specific tournament / event / package, please give details

Association Affiliation No. | County / Region you are affiliated to

Travel & Accommodation

Start Date		End Date	
Tour Destination		Country	
Accommodation Name *(if known)*		No of Nights in Accomm.	

Accommodation Type: ☐ Hotel ☐ Holiday Village ☐ Training Centre ☐ Hostel ☐ School

Rooming / Unit Allocation *Please specify your requested allocation (e.g. no of twin/triple rooms, or no of 4-berth/6-berth villas etc.)*

Meal Plan / Board: ☐ Self Catering ☐ Bed & breakfast ☐ Half board ☐ Full board

Travel Option: ☐ Coach Tour ☐ Flight-Inclusive ☐ Our Own Flights ☐ Self-Drive

Are you requesting a sea crossing other than Dover-Calais ferry? (if so, please specify)

Tour Party

	Male		Female		Total
No. of Adults (18+)		+		=	
No. of Children (2-18)		+		=	
No. of Infants (0-23 months)		+		=	
			Total Persons Travelling	=	

Infants aged 0-23 months will normally travel free of charge assuming that they share a bed or that the parent provides a travel cot. No seat will be allocated to the infant on the coach or aeroplane.

Extras / Excursions

Please list any optional extras / excursions you wish to add to your tour package

Confirmation

I confirm that I am authorised to make a booking on behalf of the above group. I have read and agree to the Booking Conditions on behalf of all those travelling. For a flight-inclusive package, I understand that I must enclose a full passenger list (names as per passports) with this form for the booking to be accepted.

Print Name | Date | Signed

Payment

☐ I enclosed a cheque for the amount £ representing a deposit of £ per person for persons

☐ I have sent a payment to your bank for the amount £ representing a deposit of £ per person for persons

☐ Please debit my card with the amount £ representing a deposit of £ per person for persons

Cardholder Name | Type of Card | VISA

Card Number | Valid From | Expires End

Address *(if different to above)* | CVV Security Code | Issue No. *(if applicable)*

Cheques should be made payable to: **Sports Travel International Ltd.**
Payments to our bank account: A/C No: **30549207** Sort Code: **20-70-93** IBAN: **GB51BARC20709330549207** SWIFT: **BARCGB22**

Please send the completed form to us at: **Sports Travel International Ltd., 10 Chapel Hill, Stansted, Essex, CM24 8AG**
Or by email to: **info@sportsparty.co.uk**