## **BOOKING FORM**

Name:		Booking	Booking Ref:		
Address:				EVE	
				Sports Travel and Hospit     Event Management	
Postcode:	E-mail:			Travel Insurance	
Tel (day): Mobile:				For your own protection, of your party must posses the full period of your tou	
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				Payments	
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This form should be On Site Events Limite	pe posted, faxed or en	( <u> </u>		Handling Fee 2% for credit No charge for debit cards.	
PO Box 2260 Fordingbridge Hampshire SP6 9AH		Trusted Co		Signature	
Tel: 01425 650 762 Fax: 01425 688 440		<b>EPPRO</b>		I authorise On Site Events on behalf of the persons n that I am responsible for p respect of this booking an	
E-mail: info@onsite-e	events.com	2	4 1	agreed to abide by the boo	



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you and all members ss travel insurance for ır. You may either through our website es area) or provide rance policy.

Your Insurers	
Your Policy Number	
Signature	

able to On Site Events Ltd)

otal enclosed			

## edit / debit card

Mastercard Visa Debit Card
Card Number
3 Digit Security No.
Expiry Date
Please charge to my account £

weeks prior to departure

t cards.

to make this booking amed above. I confirm paying all monies due in d that I have read and oking conditions as per

Signature				
Date				
Date				

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