BOOKING FORM

Name:	Booking Ref:		on site	
Address:				EVENTS
				SPORTS TRAVEL AND HOSPITALITY • TRAVEL INCENTIVES
				EVENT MANAGEMENT
Postcode:	E-mail:			
Best Contact No:				Travel Insurance For your own protection, you and all members of your party must possess travel insurance for
Passengers (Additional Passengers Please Add Overleaf) Surname (Mr/Mrs/Ms/Miss) First name Date of Birth				the full period of your tour. Please provide us with the details of your insurance policy.
	_			Your Insurers
	_			Your Policy Number
Accommodation				Signature
Hotel	Room Type	Arrival Date	No of nights	Signature
	_	_		Payments
Event Tickets And	/ Or Hospitality			BACS (please find our account details on your
Item Name	Duration	Price per ticket	Quantity	confirmation invoice) Or
	_			
Flight Details (including return)				I wish to pay by credit / debit card
From	То	Date	Dep Time	Mastercard Visa Debit Card
				Card Number
Cross Channel Cro	ossings			3 Digit Security No.
From	То	Date	Sailing Time	Expiry Date
	_			Please charge to my account £
Cabins (if required)				Charge balance to card 12 weeks prior to departur
Vehicle Registration	on, Make & Model	(Extra Vehicles, A	Add Overleaf)	Yes No
				No charge for debit cards or personal credit card
This form should be po	osted or emailed to:			Signature
On Site Events Limited PO Box 2260		≥ Trust	wave	I authorise On Site Events to make this booking
Fordingbridge Hampshire SP6 9AH		Trusted Co	mmerce	on behalf of the persons named above. I confirm that I am responsible for paying all monies due in respect of this booking and that I have read and
Tel: 01425 650 762		OPR(agreed to abide by the booking conditions as per

the web site.

Date

Signature _____

e-mail: info@onsite-events.com web: www.onsite-events.com www.lemans-travel.com www.imperial-incentives.co.uk

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