

# Galina International Battlefield Tours

(A division of Galina International Study Tours Ltd)

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## GROUP BOOKING FORM

PLEASE COMPLETE IN BLOCK CAPITALS, SIGN AND RETURN TO THE ABOVE ADDRESS.  
**THIS DOCUMENT FORMS PART OF YOUR CONTRACT; IT IS IMPERATIVE THAT IT IS RETURNED  
WITH YOUR GROUP DEPOSIT.**

### Group Details

Tour Leader's Name (including title): \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Type (please circle): Army / TA / Ex-Services / Youth / Other

Mailing Address: \_\_\_\_\_

Tour Dates (day/date/month/year): \_\_\_\_\_ to \_\_\_\_\_

Duration of Tour: \_\_\_\_\_ days Destination: \_\_\_\_\_

Total Number of Passengers: \_\_\_\_\_ If youth group, number of passengers under 16 years of age: \_\_\_\_\_

### Crossings

Route (please circle as applicable): Dover/Calais Eurotunnel Hull/Zeebrugge Hull/Rotterdam Portsmouth/Caen

Single Cabins (on overnight crossings): **Number of single cabins required** \_\_\_\_\_

Applicable if passengers request single cabins and subject to availability. Please refer to the quotation for additional cost.

### Accommodation

Single Rooms: **Number of single rooms required** \_\_\_\_\_

Applicable if passengers request single rooms and subject to availability. Please refer to the quotation for additional cost.

### Insurance (please tick as applicable).

Insurance provided by Galina  Group's own insurance

**Optional Tour Guide / Tour Director** (tick if required)

### Non-refundable Deposit Payment Details (please tick as applicable).

Deposit cheque enclosed  **Cheques made payable to 'Galina International'** A BACS payment has been made

### Please sign below

As Tour Leader I acknowledge I have read, understood and accept the quotation, the dates indicated and conditions as written.

Signed \_\_\_\_\_ Date \_\_\_\_\_



Official Tour Operators to the Normandy Veterans' Association  
Company No. 07106143 Registered in England and Wales  
VAT Registration Number: 983 2164 08