

# Galina International Battlefield Tours

(A division of Galina International Study Tours Ltd)

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## BOOKING FORM

PLEASE COMPLETE IN BLOCK CAPITALS, SIGN AND RETURN TO THE ABOVE ADDRESS.

**THIS DOCUMENT FORMS PART OF YOUR CONTRACT AND IT IS IMPERATIVE THAT IT IS RETURNED TO US WITH YOUR GROUP DEPOSIT.**

### Group Details

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

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

Group Type (please circle): General Interest Group / Ex-Services / Army / Army Reserve / Cadet / UOTC / Other

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

Telephone Number (landline and/or mobile number): \_\_\_\_\_

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

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

Total Number of Passengers: \_\_\_\_\_ Number of passengers under 16 years of age, if applicable: \_\_\_\_\_

### Crossings

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

Ferry Meals (North Sea crossings only, tick as applicable): Evening meals & breakfasts  Packed lunch (outbound)

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 \_\_\_\_\_

