



Select Motor Racing

Phone +44 (0) 1451 833 721 Email enquiry@selectmotorracing.com
Fax Number on request Website www.selectmotorracing.com



2010 WRC Sweden 'Tour Booking / Enquiry'

Thank you for your Booking. Please sign this 'Tour Booking Agreement' and return with any Payment.
If you make an Online Booking then we require a signed copy of your invoice returned (This confirms you agree to our Terms and Conditions)

Travel Deposit: £100 per person. Payments on account can be made or you can pay the full amount [advise payments below].
Balance due 10 weeks prior to departure . (Final payment date is shown on your Provisional Booking and Confirmed Invoice).

Payment Methods:

By Bank Transfer - Lloyds TSB - The Square, Stow on the Wold, Gloucestershire GL54 1BJ - Sort Code 30-95-75 Account No 18838260.

By Credit Card - for your security and ours we offer the following

* Card payment at a Bank paying direct into our account - no card handling fee (your card provider may have a cash advance fee).

** Card payment via PayPal - a 3.5% handling fee is made for this type of payment. Please request our E-Invoice.

By Cheque - Payable to 'Select Motor Racing' Post to : Select Motor Racing [Admin Center] 2 Saxon Court , Back Walls, Stow on the Wold GL54 1DR

Travel Insurance : Is required for all our Travel Packages either your policy or ours.

If you require our policy then Email: insurance@njheritage.co.uk or by phone on +44 (0) 1926 641 493, John will be pleased to assist you.

Or look at our website www.SelectMotorRacing.com - then Travel Insurance or click here https://www.selectmotorracing.com/SMR_Misc/travel_ins.htm

Health : European Health Insurance Card (EHIC) apply online at: www.dh.gov.uk/travellers or www.ehic.org.uk, by phone on 0845 606 2030.

EU Travel Regulations : You will need to provide 'Advance Passenger' Information for travel to certain EU Countries. Normally this is Nationality, Date of Birth and Passport Number. If we require this information we will advise you. Failure to provide this will mean you not being able to travel.

Final Tour Itinerary This will be sent to you approximately 3/4 weeks prior to your tour departure. You must ensure that you advise us of any changes to the 'Confirmed Invoice' details. Flights : Please notify us by phone and email of all flight changes as your Itinerary may be affected.

Rally Travel Packs : Will be handed to you by your Tour Manager when joining the Tour.

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|---|-------------------------------|-----------------|--|-----------------------------|------------------|-----------|------|
| Event : | Event Date : | Arrival Date : | Flight No | Time | Departure Date : | Flight No | Time |
| Please Tick <input checked="" type="checkbox"/> Tour | Coach | Self Drive | Flights please advise : Dates, Times & Number, Airport - we must have a Mobile Number, usable in the County visiting as Airport Transfers cannot be guaranteed - see Tour details. | | | | |
| Tour Booking Reference | FLIGHTS Booked with Airline : | | | | | | |
| | FLIGHT Enquiry : | | | | | | |
| Joining at : | Room Type : Single / Double | | Total Number of Persons | | | | |
| ALL Persons Travelling Please ensure that you have a Valid Passport and Visa if required. Please complete the full names and addresses of ALL the persons on your Booking (not c/o address) with age if under 18 years. <u>A local Mobile Number is needed when on Tour and for Airport Transfers.</u> Please use a separate sheet for additional names. Our Terms and Conditions are available on our website or upon request. | | | | | | | |
| Lead Name _____ Address _____ | | | | | | | |
| Town _____ | | Post Code _____ | | Contact Number Mobile _____ | | Age _____ | |
| Travel Insurance : Our Policy Yes/ No or Own Policy details _____ | | | | | | | |
| 2nd Name _____ Address _____ | | | | | | | |
| Town _____ | | Post Code _____ | | Contact Number _____ | | Age _____ | |
| Travel Insurance : Our Policy Yes/ No or Own Policy details _____ | | | | | | | |
| 3rd Name _____ Address _____ | | | | | | | |
| Town _____ | | Post Code _____ | | Contact Number _____ | | Age _____ | |
| Travel Insurance : Our Policy Yes/ No or Own Policy details _____ | | | | | | | |
| 4th Name _____ Address _____ | | | | | | | |
| Town _____ | | Post Code _____ | | Contact Number _____ | | Age _____ | |
| Travel Insurance : Our Policy Yes/ No or Own Policy details _____ | | | | | | | |
| Booking Comments | | | | | | | |

Lead Booking Name : please confirm your Booking as detailed on the above / Reference by signing. (This confirms you agree to our Terms and Conditions)

Sign: _____ **Print** _____ **Dated** _____