

Name of Group (as to appear in event programme): Lead Name:

Address (all correspondence will be forwarded to this address):

..... Post Code:

Organisation Tel: Mobile Tel:

Email:

Alternate Contact: Contact Tel:

Teacher / Coach Name(s):

Please refer to your brochure and pricing sheet for all details needed to complete this form. If you request a package that is not advertised it will be subject to availability, we will contact you as soon as possible following receipt.

Event Title: Total Number of Rooms:

Arrival Date: Hotel Name: Package: Nights Park Days

Method of Travel Would you like us to arrange group coach travel: Yes No

If 'Yes' please advise coach pick-up point (suitable for 13m coach to manoeuvre):

Please indicate event participants by ticking the box marked 'EP', do not tick if spectating only.

Room 1

Passenger Names in Full	Date of Birth	EP
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

Room 2

Passenger Names in Full	Date of Birth	EP
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

Room 3

Passenger Names in Full	Date of Birth	EP
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

Room 4

Passenger Names in Full	Date of Birth	EP
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

Room 5

Passenger Names in Full	Date of Birth	EP
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

Room 6

Passenger Names in Full	Date of Birth	EP
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

All guests aged 12 years and over on arrival are Adults, Children are aged 3-11 years on arrival date. Infants aged 0-2 years stay for free.

Optional Extras / Special Requests: Please advise your requirements at time of booking.

Declaration: On behalf of the named person(s) I have read & accepted the booking Terms & Conditions supplied & that I am over 18 years of age. I understand that £50.00 per person non-refundable deposit is required to confirm my booking

Signed:

Date:

Payment Details

Group Deposit Total (£50 per person) £

Total Sum Enclosed £

Method of Payment (please tick):

Cash

Cheque

Bank Transfer

Please make cheques payable to "Take Us 2 The Magic Ltd"

Take Us 2 The Magic Ltd is a company committed to customer satisfaction and consumer financial protection. We are therefore pleased to announce that, at no extra cost to you, and in accordance with "The Package Travel and Linked Travel Arrangements Regulations 2018" all passengers booking with Take Us 2 The Magic Ltd are fully insured for the initial deposit, and subsequently the balance of monies paid as detailed in your booking confirmation form. The policy will also include repatriation if required, arising from the cancellation or curtailment of your travel arrangements due to the insolvency of Take Us 2 The Magic Ltd. This insurance has been arranged by Towergate Travel through Zurich Insurance PLC. Claims in the unlikely event of Insolvency, you must Inform Towergate Travel immediately on +44 (0) 1932 334140 or by email at tcs@towergate.co.uk . Please ensure you retain the booking confirmation as evidence of cover and value. Policy exclusions: This policy will not cover any monies paid for Travel Insurance or any claim relating to Air Flights. If you have booked flights as part of your travel, you should ensure that the company with which you booked the flights has the appropriate CAA/ATOL bonds in place.

Please send completed booking forms to:

**Take Us 2 The Magic Ltd, 50 Morthen Road,
Wickersley, Rotherham, South Yorkshire, S66 1EN**