

BALLOONING IN THE COTSWOLDS

FOR OFFICE USE	
ISSUE DATE	
EXPIRY DATE	

BOOKING FORM - Please complete:

PURCHASERS NAME: (Mr / Mrs / Miss / Ms)

ADDRESS:

.....Postcode.....

TEL NO: Home:.....Work.....Mobile.....

PASSENGER DETAILS: (please print)

	FIRST NAME	SURNAME	WEIGHT (kgs)	AGE (if under 16)
1.				
2.				
3.				
4.				

Is this booking to be a surprise? YES / NO. If **YES** nature and date of special occasion

(If **YES** we will make all initial contact with the Purchaser named above. Voucher recipients must contact us with their own details.)

Would you like to book a specific date? YES / NO. If **YES**, please complete the **PREFERRED DATE** section below.

If **NO**, you or the Voucher recipient(s) can call the office at a later date to make arrangements.

Please note: Whilst we endeavour to meet your request, please **CALL THE OFFICE TO CHECK AVAILABILITY** for specific dates and locations. If your flight is cancelled due to inclement weather you simply re-book an alternative date.

PREFERRED DATE: **AM** or **PM** (please tick)

PREFERRED LOCATION: (Please tick): **CIRENCESTER** **STROUD** **BOURTON on the WATER** **COTSWOLD WATER PARK**

PAYMENT DETAILS:

I would like to purchase **VOUCHER(S)** for the **Standard Flight @ £149 per person:** = £

..... **VOUCHER(S)** for the **Mid Week Flyer @ £130 per person:** = £

..... **VOUCHER** for the **Special Flight @ £575 complete:** = £

PAYMENT METHOD:

(Please tick) I enclose a cheque made payable to: **Ballooning in the Cotswolds** for the sum of: **TOTAL £**

Or: Please charge my Credit/Debit Card - (Electron / Visa / Switch / Maestro / Delta / Solo / MasterCard) £

Credit/Debit Card No:										
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Start Date:	Expiry Date:	Issue No:	3 Digit Security No:	Name on Card:
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I have read, fully understand and agree to Ballooning in the Cotswolds Terms and Conditions.

SIGNED: **DATE:**

How did you hear about Ballooning in the Cotswolds?

Post to: **Ballooning in the Cotswolds, Fallowfield, Itlay Daglingworth, Cirencester Glos. GL7 7HZ**

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