

# TAKE US 2 THE MAGIC LTD (Please use block capitals) Call 01709 543074 / 01709 703359 for more information

**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):** .....

If additional rooms are required please use the "Additional Rooms" section on page 2 of this form.

**Room 1 (PLEASE PRINT)**

Passenger Names	M/F	Date of Birth	Dancer/Athlete	Spectator
Forename: ..... Surname: .....	.....	DD./MM./YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: ..... Surname: .....	.....	DD./MM./YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: ..... Surname: .....	.....	DD./MM./YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: ..... Surname: .....	.....	DD./MM./YY	<input type="checkbox"/>	<input type="checkbox"/>

**Infant (aged 0-2 years stay for free and not counted in occupancy)**

Forename: ..... Surname: ..... **Request Cot** **Yes**  **No**

**Room 2 (PLEASE PRINT)**

Passenger Names	M/F	Date of Birth	Dancer/Athlete	Spectator
Forename: ..... Surname: .....	.....	DD./MM./YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: ..... Surname: .....	.....	DD./MM./YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: ..... Surname: .....	.....	DD./MM./YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: ..... Surname: .....	.....	DD./MM./YY	<input type="checkbox"/>	<input type="checkbox"/>

**Infant (aged 0-2 years stay for free and not counted in occupancy)**

Forename: ..... Surname: ..... **Request Cot** **Yes**  **No**

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 and are not counted in occupancy.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:** .....

Please send completed booking forms to:

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

**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 current "The Package Travel, Package Tours Regulations" 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 Policy is issued by Evolution Insurance Company Limited which is registered in Gibraltar No. 88737 with a registered office at 5/5 Crutchett's Ramp, Gibraltar, GX11 1AA. Evolution Insurance Company Limited is authorised and regulated by the Financial Services Commission in Gibraltar and authorised and subject to limited regulation by the Financial Conduct Authority (FCA) in the UK. Details about the extent of our authorisation and regulation by the FCA are available from us on request. In the unlikely event of Insolvency of Take Us 2 The Magic Ltd please follow the procedures below: Claims should be submitted in writing within 14 days of the Administration order or Take Us 2 The Magic Ltd being declared insolvent supported by documented evidence quantifying the value of the claim. Claims should be submitted to: Evolution Insurance Solutions Limited, 53A High Street, Saffron Walden, Essex, CB10 1AA or via email to claims@evo-insurance.com. Policy exclusions: This policy will not cover any monies paid back to you by your Travel Insurance or any losses which are recoverable under another insurance or bond (with the exception of Credit and Debit card). This policy will also not cover any loss sustained by Passenger(s) booked on a flight-inclusive package sold and commencing within the United Kingdom. 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.

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

Event Title: ..... Total Number of Rooms: .....

**ADDITIONAL ROOMS (please replicate this page as many times as needed)**

**Room .....** (PLEASE PRINT)

Passenger Names		M/F	Date of Birth	Dancer/Athlete	Spectator
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>

**Infant (aged 0-2 years stay for free and not counted in occupancy)**

Forename: ..... Surname: ..... DD / MM / YY Request Cot Yes  No

**Room .....** (PLEASE PRINT)

Passenger Names		M/F	Date of Birth	Dancer/Athlete	Spectator
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>

**Infant (aged 0-2 years stay for free and not counted in occupancy)**

Forename: ..... Surname: ..... DD / MM / YY Request Cot Yes  No

**Room .....** (PLEASE PRINT)

Passenger Names		M/F	Date of Birth	Dancer/Athlete	Spectator
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>

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Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>

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Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>
Forename: .....	Surname: .....	.....	DD / MM / YY	<input type="checkbox"/>	<input type="checkbox"/>

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