



Swan Canal Cruises Booking Form

Personal details

Name: Mr/Mrs/Miss/Ms

Please enter your Address and Postcode:

Home telephone:

Business telephone:

Email:

Holiday details

Cruise Start Date : _____

Other Persons Name:

Any Other Details
No of Theatre Tickets

Dietary Requirements

We will hold a telephone reservation for five working days pending receipt of a completed Booking form.

Payment details

	£	P
25% Booking deposit:	<input type="text"/>	<input type="text"/>
Full Payment (If making payment withn 6 weeks of cruise date)	<input type="text"/>	<input type="text"/>

- Tick **Method of payment**
- I enclose a cheque made payable to Swan Canal Cruises.
- I wish to pay Postal Order enclosed.
- Please send me a Paypal invoice to the above email
- Credit /Debit Card Payment by Phone

Special requirements

To ensure we supply all of your special requirements, please complete the check list below:

Bedding

Double Bed
Twin Bed Setup

Pickup

Railway Station - Stratford Upon Avon

Parking

Please reserve **one** or **two** parking spaces.

Have you previously hired from Swan Canal Cruises?

Yes No

I have read and agree to be bound by the terms and conditions.

Signature:

Date:

Please complete this Booking form in block capitals using a ball point pen and return to:

Swan Canal Cruises, Valley Wharf, Western Road, Stratford upon Avon, Warwickshire. CV37 0AH. UK
Or email to swan Canal Cruises@googlemail.com