

Appendix J

TT Sailings - 2016 Booking Form

FOR COMPETITORS AND SUPPORT VEHICLES ONLY (NOT MOTORCYCLES)

COMPETITORS NAME: _____

CLASSES ENTERED: _____

OUTWARD (please tick one)

FROM: Heysham	TO: Douglas	DATE: Tuesday 24th May	TIME:	<input type="checkbox"/>	14:15	<input type="checkbox"/>
FROM: Heysham	TO: Douglas	DATE: Wednesday 25th May	TIME: 02:15	<input type="checkbox"/>	and	14:15 <input type="checkbox"/>
FROM: Heysham	TO: Douglas	DATE: Thursday 26th May	TIME: 02:15	<input type="checkbox"/>	and	14:15 <input type="checkbox"/>
FROM: Heysham	TO: Douglas	DATE: Friday 27th May	TIME: 02:15	<input type="checkbox"/>	and	14:15 <input type="checkbox"/>

RETURN (please tick one)

FROM: Douglas	TO: Heysham	DATE: Thursday 9th June	TIME: 19:45	<input type="checkbox"/>	(S/Sport & L/Weight only)
FROM: Douglas	TO: Heysham	DATE: Saturday 11th June	TIME: 20:00	<input type="checkbox"/>	
FROM: Douglas	TO: Heysham	DATE: Sunday 12th June	TIME: 09:30	<input type="checkbox"/>	and 20:30 <input type="checkbox"/>
FROM: Douglas	TO: Heysham	DATE: Monday 13th June	TIME: 08:45	<input type="checkbox"/>	

If you wish to travel on dates/times including Irish routes, other than those above please complete this section:

OUTWARD: FROM: _____ TO: *Douglas* _____ DATE: ____ / ____ / ____ TIME: ____ : ____

RETURN: FROM: *Douglas* _____ TO: _____ DATE: ____ / ____ / ____ TIME: ____ : ____

NUMBER OF PASSENGERS: ADULTS: CHILDREN (AGE 4 - 15): INFANTS:

VEHICLE DETAILS (please provide vehicle dimensions in metres) * Please indicate if Trailer or Caravan

	VEHICLE				*TRAILER / CARAVAN (TOWED)		
	Make and Model	Length	Height	Width	Length	Height	Width
Car							
Van							
Motorhome							
Truck / Lorry							

These bookings will be made in the order that they are received. In the event that we cannot accommodate your requirements on any of the above sailings, we will endeavour to offer the nearest alternative. Your sailings are not confirmed until you receive our booking reference with your sailing details. Any changes must be made direct with the Steam Packet Company quoting your booking reference. You are advised to ensure that your vehicles are available for loading no later than 2 hours prior to departure.

PLEASE NOTE: It is extremely important that the vehicle measurements declared are accurate. Shipment will not be guaranteed if any vehicle is in excess of the dimensions stated above. Please advise us of any change in vehicle dimensions.

An invoice will be sent to the Lead Passenger confirming booking details, charges and payment methods etc. All bookings must be paid no later than Friday 6th May 2016. If payment has not been received by this date it will be assumed that your booking is no longer required and will be cancelled.

Appendix J

TT Sailings - 2016 Booking Form Cont.

LEAD PASSENGER DETAILS

TEAM NAME: _____

LEAD PASSENGERS SURNAME: _____ TITLE: _____ INITIALS: _____

ADDRESS: _____

TELEPHONE: (Home) _____ (Mobile) _____

E-MAIL: _____

IMPORTATION OF CARAVANS TO THE ISLE OF MAN

In order to import a caravan onto the Isle of Man you will need to obtain a letter of permission from the Department of Infrastructure. To do this you will need to contact them at the address below, giving the dates of travel to and from the Island, and the site where the caravan is to be located for the duration of the stay.

The Secretary to the Planning Committee, DOI, Planning and Building Control Division, Murray House, Mount Havelock, Douglas, Isle of Man, IM1 2SF, Telephone +44 1624 686911, E-mail caravan@gov.im

ADDITIONAL PASSENGERS DETAILS

SURNAME: _____ TITLE: _____ INITIALS: _____

SURNAME: _____ TITLE: _____ INITIALS: _____

SURNAME: _____ TITLE: _____ INITIALS: _____

SURNAME: _____ TITLE: _____ INITIALS: _____

SURNAME: _____ TITLE: _____ INITIALS: _____

SURNAME: _____ TITLE: _____ INITIALS: _____

THIS SECTION IS TO BE COMPLETED BY STEAM PACKET COMPANY BOOKING OFFICE

BOOKING REFERENCE:

OUTWARD: FROM: _____ TO: *Douglas* _____ DATE: ____ / ____ / ____ TIME: ____ : ____

RETURN: FROM: *Douglas* _____ TO: _____ DATE: ____ / ____ / ____ TIME: ____ : ____

NUMBER OF PASSENGERS: ADULTS: CHILDREN (AGE 4 - 15): INFANTS:

RETURNING YOUR FORM

Please return your completed form to Isle of Man Steam Packet Company, Imperial Buildings, Douglas, Isle of Man IM1 2BY

Or by email to: tt.competitors@steam-packet.com