

GLOUCESTER WATERWAYS MUSEUM

Group Booking Form – Scheduled Cruise

Cruise Type: .....Cruise Date: .....

Cruise Times .....

Approximate time of arrival.....Approx.number in party.....

Name of group/organisation .....

Contact Name.....

Address.....

.....Postcode.....

Telephone Number.....Fax No.....

Email address.....

How did you hear about our Cruises? .....

No. Tickets Required	Cost per Ticket		Total Cost	No. Vegetarian
		Adult		
		Senior Citizen		
		Child		

Other requirements/information

**Office Use Only**

Date Payment Received \_\_\_\_\_ Amount £ \_\_\_\_\_

Cash/Cheque/Credit / Debit Card

Type of Card \_\_\_\_\_

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Start Date \_\_\_\_\_ Expiry Date \_\_\_\_\_ Issue Number \_\_\_\_\_

Security No. \_\_\_\_\_

Date Tickets issued \_\_\_\_\_

For Further information contact Tel:01452 318200

Email:doreen.davies@thewaterwaystrust.org.uk

Please return this booking form to: Gloucester Waterways Museum, Llanthony Warehouse, Gloucester Docks, Gloucester, GL1 2EH