Please Complete in Block Capitals & Send with Appropriate Payment to:

Motor Racing International

Bridge House, Ramsgate Road, Sandwich, Kent, (UK) CT13 9QR ▪ Telephone: (01304) 612424 Fax: (01304) 615490

Office Ref: 12

Tour for which booking is being made:
TOUR ..... EVENT .....

Second choice if your first is fully booked:
TOUR ..... EVENT .....

Please give names of each traveller and tick requirements.
(First named person should sign form & insert address below). If insufficient space for all names please list others on a separate sheet.

*** DELETE INSURANCE (AND PROVIDE DETAILS - SEE PAGE iii) IF ARRANGING OWN COVER**

MR MRS MISS	Names MUST be exactly as shown in passport: SURNAME	FIRST NAME	MAIN DRIVER (SELF DRIVE ONLY)	DATE OF BIRTH	DEPARTURE POINT OR AIRPORT	SINGLE ROOM	TWIN ROOM	THREE BED ROOM	LE MANS ARNAGE EXCURSION (SEE PAGE 15)	* TRAVEL INSURANCE
										YES
										YES
										YES
										YES
										YES
										YES
										YES
										YES

SELF-DRIVE PACKAGES

Price per Person:			
Preferred Hotel/Campsite:			
Dates Required:			
No. of Hotel Nights:			
Vehicle Reg. No:			
Make:		Height if over 1.83m	
Model:			
Preferred Crossings	Terminal	Date	Approx Time
From UK			
From France			

RACE TICKET SERVICE (SEE PAGE 19)

	Weekend	Sunday	Saturday (Monaco)	Thursday (Monaco)	Other Items
1st Choice	.....	.....	.....	.....	.....
	..... @ £	..... @ £	..... @ £	..... @ £	..... @ £ .....
2nd Choice	.....	.....	.....	.....	.....

"Ticket Only" Service Charge (if applicable) £ ..... **I ENCLOSE FULL PAYMENT OF £** .....

FOR OFFICE USE ONLY

Address of First Named Person:

.....
.....
.....

Postcode: .....
Home Tel: .....
Business Tel: .....
Mobile Tel: .....
Email: .....

Where did you hear about MRI?

On behalf of the above persons, I confirm I have read and accept the contract with Motor Racing International, and enclose:

..... deposits @ £ ..... = £.....

..... insurances @ £ ..... = £.....

race tickets total (see above) £.....

TOTAL £.....

I agree to pay the balance no later than 8 weeks before departure (10 weeks for tours outside Europe and MC1). If booking is made within this period, full payment is required.

Signed ..... **Date** .....

Alternatively, please charge my VISA / DELTA / MASTERCARD / MAESTRO

Account Number: ..... **3-digit Card Security Code:** .....

The Sum of £ ..... **Start Date:** ..... **Expiry Date:** .....

FOLLOWED BY, ON THE DUE DATE, A SUM EQUAL TO THE BALANCE DUE.

Cardholder's address (if not as shown opposite)

.....
.....

Name of cardholder .....

Cardholder's signature .....