

GO SHOP AROUND



Spending Spree Tours

Booking Form

NAME OF ORGANISATION: _____

NAME OF ORGANISER: _____

CONTACT NO'S: WORK: () _____ FAX: () _____ HOME: () _____

EMAIL ADDRESS: _____

POSTAL ADDRESS: _____

DATE REQUIRED: _____ NUMBERS (APPROX) _____ PICK UP PHONE NO: _____

PICK UP ADDRESS: _____ MEL REF: _____

PREFERRED DEPARTURE TIME: _____ AM TOUR OPTION NUMBER: _____ FUNDRAISING? Yes

HAVE YOU ORGANISED A TOUR WITH US IN THE LAST 12 MONTHS? Yes DATE: _____

IF YES, YOU QUALIFY FOR AN EXTRA 10% DISCOUNT. ORGANISER: _____

ANY HOSTESS REQUEST: _____ SPECIAL DIETARY REQUIREMENTS: _____

PLEASE TICK EIGHT OF THE FOLLOWING PREFERENCES AS AN INDICATION OF THE TYPE OF WAREHOUSES YOUR GROUP IS INTERESTED IN.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Ladies Fashion | <input type="checkbox"/> Surf / Streetwear | <input type="checkbox"/> Leather Goods | <input type="checkbox"/> Manchester |
| <input type="checkbox"/> Mens Wear | <input type="checkbox"/> Jeans | <input type="checkbox"/> Sporting Goods | <input type="checkbox"/> Kitchenware |
| <input type="checkbox"/> Teen Wear | <input type="checkbox"/> Lingerie/Sleepwear | <input type="checkbox"/> Toys | <input type="checkbox"/> Confectionery |
| <input type="checkbox"/> Children's Wear | <input type="checkbox"/> Shoes - Ladies | <input type="checkbox"/> Electrical Goods | <input type="checkbox"/> Costume Jewellery |
| <input type="checkbox"/> Leisure Wear | <input type="checkbox"/> Shoes - Family | <input type="checkbox"/> Furniture | |
| <input type="checkbox"/> Sports/Gym/Swim Wear | <input type="checkbox"/> Cosmetics/Perfume | <input type="checkbox"/> Giftware | |

PLEASE LIST ANY WAREHOUSES YOU DO NOT WANT TO VISIT:

YOUR TOUR ITINERARY WILL BE MAILED/FAXED TO YOU AFTER FINAL CONSULTATION WITH YOUR TOUR ORGANISER.

FULL PAYMENT MUST BE FORWARDED AT LEAST 14 DAYS PRIOR TO YOUR TOUR.

I UNDERSTAND THAT IN THE EVENT OF CANCELLATION, MONIES ARE REFUNDABLE ON 60 DAYS NOTICE.

**To secure your booking complete this form and send it with your deposit of \$150 A.S.A.P.
Cheques or money orders payable to 'Go Shop Around Tours'**

Credit Card Details: Mastercard AMEX VISA Bankcard (Please circle)
 ____ / ____ / ____ / ____ EXP: ____ / ____ AMOUNT: _____

Name: Signed:



'Go Shop Around!'



GO GET AROUND TOURS
ACN 070 161 750

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