

ENQUIRY FORM

Personal Details

Title:	<input type="text"/>		
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
Town:	<input type="text"/>		
County:	<input type="text"/>	Email:	<input type="text"/>
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>

Group Information

Club Name / Uni / College / School:	<input type="text"/>		
No. Swimmers Travelling:	<input type="text"/>	No. Non-swimmers Travelling:	<input type="text"/>

Travel Information

1 st Choice of Destination: (if known)	<input type="text"/>		
2 nd Choice of Destination: (if required)	<input type="text"/>		
Dates/Period of Travel: (if known)	<input type="text"/>	Accommodation Category: 2*/3*/4* etc	<input type="text"/>
Preferred Year:	<input type="text"/>	Board Basis:	<input type="text"/>
Duration of Stay:	<input type="text"/>	Preferred Numbers Sharing Rooms:	<input type="text"/>
Departure Airport: (1 st Choice)	<input type="text"/>	Budget per Person:	<input type="text"/>

Training Requirements

Number of Days <u>Pool</u> Training:	<input type="text"/>	Number of Days <u>Land</u> Training:	<input type="text"/>
Pool Training Times:		Gym Training Times:	
AM:	<input type="text"/>	AM:	<input type="text"/>
PM:	<input type="text"/>	PM:	<input type="text"/>
Number of Pool Lanes:	<input type="text"/>		

Additional Information

Please note any personal information you give us will not be passed onto any 3rd parties without your expressed permission.

