



## River Thames Boat Project - Booking Form

Name of Organisation .....

Booking Contact .....

Address .....

..... Postcode .....

Phone No ..... Email address .....

Group Leader's Name .....

Daytime Phone No ..... Mobile Phone No .....

In case of emergency please give details of a contact not on the trip.

Emergency Contact ..... Position .....

Daytime Phone No ..... Mobile Phone No .....

I would like to book a: Day Cruise\* / Residential Voyage\* / Other\* (please specify):  
 .....(\* delete as applicable)

Date(s) ..... Time ..... a.m. to ..... p.m.

**Group Information** - To help us plan your visit, please give details about your organisation and group:

- Support Group   
  Day Centre   
  Residential Care   
  Hospital   
  Other Care  
 Family/Friends   
  Amenity Group   
  Other:

For the following please give approximate numbers:

|                        |  |                |  |                     |  |                     |  |                      |  |
|------------------------|--|----------------|--|---------------------|--|---------------------|--|----------------------|--|
| Total in Group         |  | No. of clients |  | No. of staff/carers |  | Average age         |  | Wheelchair users     |  |
| Able-Bodied            |  | Frail          |  | Physical Disability |  | Learning Disability |  | Mental Health Issues |  |
| Other (please state) : |  |                |  |                     |  |                     |  |                      |  |

If anyone in your group has a physical/learning disability or mental health issues, please give brief details:

.....  
 .....

Will they bring any special equipment with them? Yes / No (If yes please give brief details): .....

How did you hear about us?   
 Internet search   
 Leaflet   
 Recommendation   
 Other – please specify

**Continued overleaf**

## **River Thames Boat Project - Terms and Conditions**

### **Payment**

To secure your booking please send the full booking fee (or 50% deposit) with this form as soon as possible. Payment in full must be received at least 4 weeks before your trip.

Cheques to be made payable to "River Thames Boat Project" and sent to our postal address:

The River Thames Boat Project, Trowlock Way, Teddington, TW11 9QY

BACS payments: Account No: 00007014, Sort Code: 40-52-40.

### **Cancellation**

50% of the booking fee will be refunded for cancellations up to 4 weeks before your trip.

For cancellations within 4 weeks of your trip, the full booking fee is non-refundable.

The River Thames Boat Project reserves the right to alter or cancel a cruise without prior notice.

### **Passengers**

Our boats can carry 12 passengers cruising or a maximum of 45 when static.

### **Wheelchairs**

Our boats are designed for standard 700 mm wide x 1m long wheelchairs. For the safety of all on board, we cannot accept larger wheelchairs or non-ambulant people who weigh over 16 stone. We cannot accommodate more than 6 wheelchairs. *Please ensure that all wheelchairs have effective breaks.*

### **Safety**

The group leader and passengers must follow the instructions of the Skipper and crew at all times.

### **Approximate Timings**

Cruises: 10/10.30am - 4pm (Departure and arrival times may be subject to the tides).

*Please retain a copy of your Booking Form and these Terms and Conditions for your reference.*

- I have read and agree with the Terms and Conditions.
- I have read the Information for Group Leaders.
- I have discussed and agreed the activities and itinerary with the Boat Project office.
- I enclose a cheque for the deposit / full booking fee\* payable to River Thames Boat Project.
- I have arranged a BACS payment for the deposit / full booking fee\*. (\* delete as applicable)
- We agree that any photographs or video recordings taken by crew/staff may be used by RTBP.**

Name ..... £ .....

Signed ..... Date .....

*Information given on this form will be treated in confidence.*