



## BOOKING FORM FOR ART TEAM BUILDING

### INFORMATION OF TEAM MEMBERS

1

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>ID No.</b>	
<b>email</b>	
<b>Mobile</b>	
<b>Special Dietary Requirements</b>	

2

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>ID No.</b>	
<b>email</b>	
<b>Mobile</b>	
<b>Special Dietary Requirements</b>	

3

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>ID No.</b>	
<b>email</b>	
<b>Mobile</b>	
<b>Special Dietary Requirements</b>	

4

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>ID No.</b>	
<b>email</b>	
<b>Mobile</b>	
<b>Special Dietary Requirements</b>	

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>ID No.</b>	
<b>email</b>	
<b>Mobile</b>	
<b>Special Dietary Requirements</b>	

6

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>ID No.</b>	
<b>email</b>	
<b>Mobile</b>	
<b>Special Dietary Requirements</b>	

7

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>ID No.</b>	
<b>email</b>	
<b>Mobile</b>	
<b>Special Dietary Requirements</b>	

8

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>ID No.</b>	
<b>email</b>	
<b>Mobile</b>	
<b>Special Dietary Requirements</b>	

Please add pages for additional Team Members

**INFORMATION FOR INVOICING**

<b>Name of Work Place</b>			
<b>VAT Number</b>			
<b>Work Tel Number</b>			
<b>Physical Address (not PO Box)</b>	Postal Code		
<b>Postal Address</b>	Postal Code		
<b>Number of Team Members to attend</b>		<b>Date of Team Building</b>	
<b>Method of Payment</b>		<b>Date of Payment</b>	

**AUTHORISATION 1**

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>Position in the Company</b>	
<b>email</b>	
<b>Mobile Number</b>	
<b>How did you hear about us?</b>	
<b>Date</b>	
<b>Signature</b>	

**AUTHORISATION 2**

<b>First Name</b>	
<b>Surname</b>	
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):
<b>Position in the Company</b>	
<b>email</b>	
<b>Mobile Number</b>	
<b>How did you hear about us?</b>	
<b>Date</b>	
<b>Signature</b>	