

## Cliffs of Moher 2020 Booking Form

	Arrival Time:	Depart Time	
(DD/MM/YYYY)		(max 2hr stay)	
Company/School Name:			
PAX:	(Excluding driver & guide)	Guide(s)/Leaders:  1 FOC per 10 pax, maximum of 4 with any group.	
Tour Reference:	Coac	h Carrier:	
Nationality of the group:		lo of coaches:	
Other Information:  (Any special requests, wheel	chair required etc.)		
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Method of Payment			
Debit/Credit card			
(Please note we do not accept	American Express)		
A link will be sent to the email provided below so you can pay through our secure online checkout.			
Contact Details			
Name:	Phone nu	mber:	
Email:			
Billing Address:			
Office Use Only			
Booking ID:		Customer ID:	