



## ***Terms and Conditions***

**To secure your booking please send the full fee or a 50% deposit with this form as soon as possible. Payment in full must be made at least 4 weeks before your trip. For security reasons we cannot accept payments in cash or by cheque on board the *Richmond Venturer*.**

If you cancel this booking up to 4 weeks before your trip, 50% of the booking fee will be refunded. If cancellation is received within 4 weeks of your visit, the full booking fee will be retained by the River Thames Boat Project.

Please note that when underway *Richmond Venturer* can carry **12 passengers**. Whilst every effort has been made to accommodate people with disabilities, the barge has been designed to the standard 700mm wide x 1m long wheelchair. 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.

The group leader must read the Booking Information leaflet and ensure the group abides by the requests made in it.

**The River Thames Boat Project reserves the right to alter or cancel a cruise without prior notice.** NB: Departure and arrival times may be subject to the tides.

*Please retain these Terms and Conditions for your reference.*

*Complete and return the Booking Form (information given on this form will be treated in confidence) with a cheque made payable to the River Thames Boat Project to:*

**River Thames Boat Project, 66 Hill Street, Richmond, Surrey TW9 1TW  
Office: 020 8940 3509 Mobile: 07889 272985  
Email: [info@thamesboatproject.org](mailto:info@thamesboatproject.org)**

## **River Thames Boat Project Booking Form**

*Please print clearly*

Name of Organisation .....

Address .....

.....

Contact ..... Phone No .....

Email address .....

Group Leader's Name .....

Daytime Phone No .....

Mobile Phone No .....

In case of emergency please give the name, daytime and mobile/evening phone numbers of a contact person other than the group leader and accompanying staff:

Name .....

Position .....

Daytime Phone No .....

Evening/Mobile Phone No .....

I would like to book *Richmond Venturer* for a Day Trip/Residential Voyage (*delete as applicable*), please tick which programme you are booking:

*Accessing the Thames*  *Living and Learning Afloat*

*School on the River*

*Other*  *please specify* .....

**Day Trip** on .....

From: ..... a.m. To: ..... p.m.

### **Residential Voyage:**

Start date ..... Finish date ..... No. of days .....

**PTO**

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

- School       Youth Group       College/ University       Adult Education       Other Ed.
- 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		Wheelchairs	
Able Bodied		Frail		Physical Disability		Learning Disability		Mental Illness	
Other (please state) :									

If anyone in your group has a physical and/or learning disability or suffers from mental illness please give brief details:

.....  
 .....

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

.....  
 .....

I have read and agree with the Terms and Conditions and Booking Information. I have discussed and agreed the activities and itinerary with the Boat Project office and enclose a deposit/full booking fee (*delete as applicable*) payable to: River Thames Boat Project.

**We agree that any photographs taken by crew/staff may be used by RTBP.**

Name ..... £ .....

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

***Richmond Venturer***

**Passenger Record**

Please make a copy of this form for your records. At the time of booking, if you know your passenger details, please send the original with your cheque and booking form to the River Thames Boat Project. Bring an up to date version with you to the boat – thank you.

*Please print clearly*

Date of trip .....

Client Group .....

Group Leader's Name .....

Daytime Phone No. ....

Mobile Phone No. ....

Emergency Contact (not going on trip) .....

Phone No. Day ..... Evening .....

Mobile Phone No. ....

**Carers/Escorts Names:**

**Group Members Names:**