

Isle of Man Steam Packet Company Travel Request Form 2024

YOUR REQUEST WILL BE REVIEWED BASED ON THE INFORMATION BELOW. PLEASE COMPLETE AND FORWARD TO <u>MCAFUND@STEAM-PACKET.COM.</u>

Please submit your applications with as much advanced notice as possible. It is never too early to submit applications, however all applications must be submitted a minimum of two weeks before the event or travel date.

CHARITY/ EVENT YOU REPRESENT AND BRIEF DESCRIPTION	
PLEASE OUTLINE THE REASON YOU REQUIRE TRAVEL?	
PLEASE OUTLINE ANY OTHER SUPPORT YOU HAVE RECEIVED FOR YOUR PROJECT/EVENT?	
DO YOU REQUIRE A VINYL BANNER / PULL UP BANNER? IF SO, WHAT DATE WOULD YOU LIKE TO COLLECT/RETURN? (PICK UP SEA TERMINAL)	
PLEASE OUTLINE ANY PROPOSED PUBLICITY YOU ARE ORGANISING FOR YOUR PROJECT/EVENT, THAT WILL INCLUDE MENTION OF ISLE OF MAN STEAM PACKET COMPANY IF NO CONFIRMED PLANS, ARE YOU HAPPY TO LIAISE WITH OUR MARKETING TEAM TO GENERATE PR	

PLEASE GIVE DETAILS OF	
LINKS TO ANY SOCIAL MEDIA	
PRESENCE YOU HAVE	
Please note: if you are posting	
about your event on social media	
it is helpful if you 'tag' Isle of Man	
Steam Packet Company.	
Facebook:	
@isleofmansteampacket	
Twitter:	
@iomsteampacket	
Instagram:	
@iomsteampacketcompany	

SAILING DETAILS

OUTBOUND	From: Click to select	To:	Click to select	Date:	Click to select	Time: Enter time
RETURN	From: Click to select	To:	Click to select	Date:	Click to select	Time: Enter time

PASSENGER NUMBERS

No. Adults: Enter number No. Children (4 – 15): Enter number No. Infants (under 4): Enter number

Please select booking type:

Foot passenger \Box

Vehicle (please fill out details in table below) \Box

VEHICLE DETAILS (please provide vehicle dimensions in metres)

						Trailer / Caravan		van
							(Towed)	
	Vehicle Make &	Registration	Length	Height	Width	Length	Height	Width
	Model		(m)	(m)	(m)	(m)	(m)	(m)
Car						-	-	-
Camper								
Motorbike								
Van								
Contents of Van:								

PLEASE NOTE: It is vital that the vehicle measurements declared are accurate. Shipment will not be guaranteed if any vehicle is in excess of the dimensions given.

PASSENGER DETAILS

Lead Passenger Contact Details:

Title: Mr/Mrs/Miss/Master etc D.O.B: 00/00/00 Address: Enter address	Full Name:	First Name / Sur	name	Nationality:	Nationality	
Phone number: (+44) (Home) Email: Enter email	Phone numl	ber: (+44)	(Mobile)			
Additional Passenger Details						
• • • • - • •	-					

Surname: Last Name	Title: Mr/Mrs etc	First Name: First Name	D.O.B: 00/00/00	Nationality: Nationality
Surname: Last Name	Title: Mr/Mrs etc	First Name: First Name	D.O.B: 00/00/00	Nationality: Nationality
Surname: Last Name	Title: Mr/Mrs etc	First Name: First Name	D.O.B: 00/00/00	Nationality: Nationality
Surname: Last Name	Title: Mr/Mrs etc	First Name: First Name	D.O.B: 00/00/00	Nationality: Nationality

IF YOUR BOOKING IS CONFIRMED, WE KINDLY ASK YOU ENSURE ALL ACTIVITIES INCLUDED ON THE ABOVE ARE CARRIED OUT. PLEASE ENSURE RECEIPT COPIES OF PUBLICATIONS / ARTICLE LINKS ARE SENT TO MCAFUND@STEAM PACKET.COM