



Isle of Man Steam Packet Company Travel Request Form 2025

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

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.

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

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

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](#)
 No. Pets: [Enter number](#)

Please select booking type:

Foot passenger Vehicle (please fill out details in table below)

VEHICLE DETAILS (please provide vehicle dimensions in metres)

						Trailer / Caravan (Towed)		
	Vehicle Make & Model	Registration	Length (m)	Height (m)	Width (m)	Length (m)	Height (m)	Width (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](#) Full Name: [First Name / Surname](#) Nationality: [Nationality](#)
 D.O.B: [00/00/00](#)
 Address: [Enter address](#)

Phone number: (+44) [\(Home\)](#) Phone number: (+44) [\(Mobile\)](#)
 Email: [Enter email](#)

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