

Shearings Group Travel Payment Record Form



Please enter details of all group travellers in the list below.

Tour Title: Departure Date:

Group Leader:

Room Requirements (please enter travellers' names below)	Price (per person)	Single Room Supplement	Total Amount Due	Deposit Paid	Date	Balance Paid	Date	TOTAL PAID
Twin Room								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Double Room								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Single Room								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
TOTAL AMOUNT								