

1. Pick up options (please choose and tick as appropriate)

Travel: By coach _____ Independent (B&B and travel to the start) _____

Preferred pick up: Russells Hall Hospital, Dudley _____ Holiday Inn Great Barr, M6 J7 _____

2. Room (s) required

Double _____

Twin _____

Family room 3 guests (2 adults + 1 child 16 years and under) _____

Family room for 4 _____ (2 adjacent rooms)

Sole occupancy (please note a single supplement of £77 will apply)

If you are on your own would you be willing to share with another runner? YES/NO (we will confirm at a later date if we are able to arrange a room share for you, if not then the single room charge will be applied)

3. Saturday evening meal

The hotel will be serving an optional 2 course buffet meal at a price of £25 per adult £12.50 per child (under 12 years) You may reserve this now or add this to your booking at a later date if you wish.

Please reserve me _____ adult _____ child evening meal (s)

4. Declaration

I have read, understand and accept the terms and conditions of booking for this tour of the London Marathon as shown on page 4 of the Tour Brochure.

Signed _____ Dated _____

Finally

Send this form with a cheque deposit made payable to Action Heart of £50 per adult (£10 per child) to the address shown above or email to louises@actionheart.com and arrange a bank transfer to:-

Action Heart (Trading) Ltd 30-92-75 01537189

Please note that deposits are non-refundable.

Office Use only

Invoice Number		Pick up	RHH	GBARR
Invoice Date		Coach	AH1	AH2
Deposit Paid		Evening meal	Adult:	Child:
Balance Paid				



ACTION HEART
5 Baird House, Dudley Innovation Centre
The Pensnett Estate, Kingswinford
West Midlands, DY6 7YA
Telephone 01384 292233
Email: louises@actionheart.com
Registered Charity No. 518586

2024 London Marathon Weekend Booking Form

Lead name (all correspondence will be sent here)

Surname _____ First Name _____
Address _____ Postcode _____
Mobile _____ email _____

Names and details of **ALL** travelling (including lead passenger, delete as applicable)

Lead Name _____ Runner/Spectator Running Club _____
DOB _____ M/F If runner - Number of marathons completed? _____
Expected marathon finish time for London 2024 _____ hrs _____ mins
Emergency contact name _____ Mobile Number _____
Known Medical Conditions _____

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Over the past couple of years London Marathon Events have introduced a wave start system and runners are not notified of their allocated start times until around 10 days before Marathon day. Please bear in mind that they will inform **you** and we have no control or notice of this information. At that time should you find that you have been given a late start time and your expected finish time means that you may well not make it back to our post race hotel at Hammersmith by 1800hrs we suggest that you speak to us at which time we can discuss options in respect of alternative arrangements which you can make for your return journey home.

Please don't hesitate to call should you have any questions.

PTO