

Visit Warrenpoint Business Information Sheet

Name of Business: _____

OWNERS DETAILS

Business Owner Name: _____

Landline Number: _____ Mobile Number: _____

Business Owner Email Address: _____

MANAGERS DETAILS

Manager of Businesses Name: _____

Landline Number: _____ Mobile Number: _____

Manager Email Address: _____

BUSINESS PREMISES DETAILS

Business Number: _____

Business Email Address: _____

Business Website Address: _____

Business Payment Details:

Account Holders Name:	
Bank Name:	
IBAN:	
BIC:	

- Opening Hours

	Opening Hours (Summer)	Opening Hours (Winter)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

- Directions

Please provide directions to the business from the motorway:

Postcode of the business: _____

Sat Nav / GPS Coordinates for the business: _____

- Times Slots:

Do your activities/services run at specific time slots throughout the day? If so can you please provide the necessary information needed so that we can advise customers of the potential times available.

- Activities

Please provide information below on all the activities offered by your business:

Activity	€ Price Per Person	Duration	Min. Group No.	Max. Group No.	Special Requirements	Other
1.						
2.						
3.						
4.						
5.						
6.						

Activity	€ Price Per Person	Duration	Min. Group	Max. Group	Special Requirements	Other
7.						
8.						
9.						
10.						

Please provide/attach details on **ALL** pricing available. We do not accept prices that businesses do not advertise themselves. THE 10% BOOKING CHARGE IS DEDUCTED FROM EXISTING PRICES AND NOT ADDED ON.

- Deposits

Does your business have a cancellation policy for group bookings?	
<p>If Yes, can you please describe how it operates?</p> <p>N.B. We will only accept policies that are enforced for all of bookings, not merely Visit Warrenpoint bookings.</p>	

- In Case of Emergency:

Contact Number for Groups to call if a problem arises in relation to the booking while they are in the Warrenpoint region (or surrounding areas).

Name:

Number:

OTHER

Please leave any additional information that you think we should be aware of in relation to your business.

Thank-You for taking the time to provide the necessary information.

We look forward to working with you in the year ahead.

If you consent to The **Visit Us** Terms and Conditions and agree that all of the information you have provided is accurate please sign below and return and sign below before we can proceed to the next stage.

Signed: _____

Business Owner

Richard Brennan,
Visit Us Ltd.,
Market Square,
Carlingford,
Co. Louth.