



## TAXI TRANSFER REQUEST FORM

Please complete this form and email or fax it to your base 14 days prior to your arrival. They will organise your taxi transfer(s). All taxi transfer costs are payable locally direct to the driver.

**BASE:** Le Boat Saint Gilles  
**To:** 2 Quai du canal  
F - 30800 Saint Gilles  
France

**Tel:** 0033 (0)4 66 87 22 66  
**Fax:** 0033 (0)4 66 87 15 20  
**E-Mail:** [stgilles@leboat.com](mailto:stgilles@leboat.com)

Booking reference: \_\_\_\_\_

Booking sales office / agent: \_\_\_\_\_

Holiday start date: \_\_\_\_\_

Customer name: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Customer Email address/fax number: \_\_\_\_\_  
*We will send confirmation to this address/fax number*

### **COLLECTION information:**

Arrival date/Date to be collected: \_\_\_\_\_

Airport name: \_\_\_\_\_ Flight no: \_\_\_\_\_ Arrival time: \_\_\_\_\_

Train station: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Other Meeting Point: \_\_\_\_\_ Requested pick up time: \_\_\_\_\_

Number of People: \_\_\_\_\_

### **DEPARTURE information:**

Departure Date/Date to be returned: \_\_\_\_\_

Airport name: \_\_\_\_\_ Flight no: \_\_\_\_\_ Flight departure time: \_\_\_\_\_

Train station: \_\_\_\_\_ Train departure time: \_\_\_\_\_

Other Meeting Point: \_\_\_\_\_ Requested pick up time: \_\_\_\_\_

Number of People: \_\_\_\_\_

### **To be completed by the base:**

Approx price (payable directly to the driver): \_\_\_\_\_

Meeting point: \_\_\_\_\_