

**ACCOMMODATION BOOKING FORM**

**\* TEAMS MUST BOOK ALL THEIR ACCOMMODATION THROUGH SCI \***

**(Please complete all parts of this form)**

**THE CHASE SKEGNESS** **DATE ATTENDING** 17th May - 20th May

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME OF CLUB | |  | | | | |
| NUMBER OF TEAMS |  | | AGE GROUP(S) |  | BOYS/GIRLS/MIXED |  |

GROUP LEADER DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Name of group Leader |  | | |
| Address |  | | |
|  | | |
| Postcode |  | | |
| Contact Number |  | Mobile |  |
| Email Address |  | | |
| Position in the Club |  | | |

**PLEASE ENSURE EMAIL ADDRESS IS COMPLETED CLEARLY AS CORRESPONDENCE WILL NOW BE SENT VIA THIS METHOD.**

GROUP DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. of Adults |  | No. of Children |  | No. of Under 2’s |  |

ACCOMMODATION DETAILS – Self Catering (Please enter the number of Each Accommodation Units required)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Bronze Heated Caravan | 4 Berth |  | 5 Berth |  | 6 Berth |  |
| Silver Caravan | 4 Berth |  | 5 Berth |  | 6 Berth |  |

**DEPOSITS ARE £40 PER BED. PLEASE NOTE PRICE BASED ON MINIMUM OF 4 PEOPLE SHARING EACH CARAVAN OR CHALET. IF 3 PEOPLE SHARE A 4 BERTH UNIT YOU WILL BE CHARGED FOR 4 PERSONS – FULL OCCUPANCY.**

**PAYMENT DETAILS \*BANK TRANSFER/CHEQUE/DEBIT CARD** (\*Please delete as appropriate)

**WE ENCLOSE A CHEQUE FOR £............** made payable to **SCI Events Ltd**

Our preferred payment method is Bank Transfer.

**PAYMENT BY DEBIT CARD**

Please select type of card being used

VISA DEBIT / MASTERCARD DEBIT / MAESTRO DEBIT

PLEASE NOTE: Credit Card Payments are no longer accepted (Including Deposits). Debit Card Payments are free. Any Credit Card/Debit Card made directly to a Holiday Centre will be subject to a fee notified by them.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CARD NUMBER |  | | | | | ISSUE NUMBER | | |  |
| VALID FROM |  | | | | | EXPIRY DATE | | |  |
| LAST 3 DIGITS ON BACK OF CARD | | | |  | | | | | |
| CARD HOLDERS NAME | |  | | | | | | | |
| CARD HOLDERS ADRESS | |  | | | | | | | |
| POSTCODE | |  | | | | | | | |
| PLEASE DEBIT | | | £ | | FROM MY ACCOUNT | | | | |
| CARDHOLDERS SIGNATURE | | |  | | | | DATE |  | |

**PAYMENT BY BANK TRANSFER (FREE)**

Barclays Bank Weymouth Branch.

Account Number:- **03045870**

Sort Code:- **20-26-62**

Reference for Payment:- **Your Team Name**

**DECLARATION**

My attention has been drawn to the terms and conditions of the SCI Website and I agree on behalf of all persons in the party to abide by these conditions and pay the balance 70 days prior to the festival. Any deposits paid are NON refundable as per our terms and conditions on the Website and Brochure. **(PLEASE NOTE, BY SIGNING THIS DECLARATION, YOU ARE RESPOSIBLE FOR INFORMING THE WHOLE OF YOUR PARTY THE TERMS & CONDITIONS OF THE BOOKING).** Completion by computer constitutes a signature.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I enclose a deposit of | £ | For |  | at £40 per Bed |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Postcode |  | | |
| TEAM NAME |  | SIGNATURE |  |

**INSURANCE**

SCI Events strongly recommends all members of your party take out the appropriate insurance cover for each individual and team.

**Return to:** SCI Events, Unit A, Oxford Court, Cambridge Road, Weymouth, Dorset, DT4 9GH