

**ACCOMMODATION BOOKING FORM**

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

****

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

**HOLIDAY RESORT UNITY, BREAN SANDS,** **DATE ATTENDING** 14/06/24 – 17/06/24

NAME OF CLUB .................................................................................

NUMBER OF TEAMS ..................... JUNIOR AGE GROUPS:........................

AGE GROUPS (if junior teams attending): ................................................................

Name of Group Leader .......................................................................

Address ........................................................................

........................................................................

Postcode ........................................................................

Contact Number ...................................... Mobile ..................................

Email address ……………………………………………………………………..

GROUP DETAILS

No of Adults No of Children (Under 18)

ACCOMMODATION DETAILS- Self Catering (Please enter the number of Each Accommodation Unit Required)

CLASSIC CARAVANS 4 Sharing 5 Sharing 6 Sharing 8 Sharing

POPULAR CARAVANS 4 Sharing 5 Sharing 6 Sharing 8 Sharing

LUXURY CARAVANS 4 Sharing 5 Sharing 6 Sharing 8 Sharing

LUXURY LODGES 4 Sharing 5 Sharing 6 Sharing

**CLASSIC CARAVANS – GOLDEN SANDS** 4 Sharing 5 sharing 6 sharing

**LUXURY LODGES – GOLDEN SAND**  4 Sharing 5 sharing 6 sharing

**DEPOSITS ARE £40 PER PERSON.**  Caravans are based on minimum of 4 paying persons sharing.

**TOTAL NUMBER OF TEAMS TO BE ENTERED AT £50 PER TEAM** …………… @ £50 = ………………

**UMPIRE REQUIRED**

Our group are unable to provide an Umpire for the festival. We would like SCI to provide an Umpire and agree to pay the sum of £105 for each Team entered, in order for this to happen.

**PLEASE PROVIDE** .................. UMPIRES @ £105 Each ……………

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

PLEASE NOTE THAT ALL TEAM REGISTRATION FEES ARE NON-REFUNDABLE. ALL REGISTRATION FEES ARE HELD IN ATRUST ACCOUNT IN ACCORDANCE WITH THE ‘PACKAGE & TRAVEL, PACKAGE HOLIDAY & PACKAGE TOUR REGULATIONS 1992 UNTIL THE 2024 FESTIVALS ARE COMPLETE.

**BANK TRANSFER AMOUNT -£……….**

**ACCOUNT NAME** – SCI EVENTS

**ACCOUNT NUMBER** – 03045870

**SORT CODE** – 20 26 62

REFERENCE – **TEAM NAME**

**WE ENCLOSE A CHEQUE FOR £............** made payable to **SCI EVENTS LTD**

**PAYMENT BY DEBIT CARD**

Please select type of card being used

DELTA / MASTERCARD / SOLO / MAESTRO / SWITCH / VISA / DEBIT

Debit Card Payments are free.

CARD NUMBER ……………………………………………………………….. ISSUE NUMBER …………………….

VALID FROM …………………………………………………………………… EXPIRY DATE …………………………

LAST 3 DIGITS ON BACK OF CARD ……………………….

CARD HOLDERS NAME ………………………………………………………………………………………………………..

CARD HOLDERS ADDRESS ………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………..

POSTCODE ………………………………………………………………

PLEASE DEBIT £…………………. FROM MY ACCOUNT

CARDHOLDERS SIGNATURE …………………………………………………………. DATE ………………………….

**DECLARATION**

My attention has been drawn to the terms and conditions of SCI Sports and I agree on behalf of all persons in the party to pay the balance 70 days prior to the festival.

I enclose a deposit of £ ………………. For ……………. Persons at £40 per person

I enclose team entry fee for £............ For ........... Teams @ £50 per team

Name …………………………………………………………………….

Address ……………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………….

TEAM NAME …………………………………………………………… SIGNATURE ………………………………………

**UMPIRE DETAILS – Each team is to supply a qualified Umpire for the festival**

NAME ……………………………………………………………………………..

QUALIFICATION (LEVEL) …………………………………………………..

CONTACT TELEPHONE NUMBER ……………………………………… Mobile ……………………………………

Return to: SCI, Unit A, Oxford Court, Cambridge Road, Granby Industrial Estate, Weymouth, Dorset, DT4 9GH.