

**ACCOMMODATION BOOKING FORM**

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

****

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

**BUTLIN’S, BOGNOR RESORT,** **DATE ATTENDING** 5/07/24 – 8/07/24

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

NUMBER OF TEAMS ..................... ADULTS/JUNIORS:........................ .

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)

**Ocean Hotel Rooms** 2 Berth 3 Berth 4 Berth 5 Berth

GOLD APARTMENTS 4 Berth 5 Berth 6 Berth

STANDARD APARTMENTS 4 Berth

**DEPOSITS ARE £40 PER PERSON.** Accommodation based on full occupancy of rooms or apartments at Butlins. No more than 4 adults in a HOTEL room – 5 berth HOTEL Rooms for junior teams only.

**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 A TRUST 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 HOLDRS 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.