

**When Completed send form to
Mrs Katrina Wales, 14 Earlsfield Drive, Rise Park, Nottingham. NG5 5BQ, Tel: 01159274925**

| Your information | |
|-------------------|---------|
| Lead Client Name: | |
| Home Address: | |
| Postcode: | Tel No: |
| Email Address: | |

| The Cheltenham Chase Hotel | | | | | | | |
|--|--|--------------------------------------|--|---|--|--------------------------------------|--|
| 3 Nights Dinner, Bed & Breakfast from Friday 19 th - 22 nd April 2024 | | | | 4 Nights Dinner, Bed & Breakfast from Thursay 18 th - 22 nd April 2024 | | | |
| DOUBLE WITH SINGLE OCCUPANCY £340 | DOUBLE ROOM £300 (per person) | TWIN ROOM £300 (per person) | VIQ ROOM (DOUBLE) £315 (per person) | DOUBLE WITH SINGLE OCCUPANCY £450 | DOUBLE ROOM £400 (per person) | TWIN ROOM £400 (per person) | VIQ ROOM (DOUBLE) £415 (per person) |
| | | | | | | | |

A DEPOSIT OF £60 PER PERSON IS REQUIRED AT TIME OF BOOKING.
CHEQUES ARE MADE PAYABLE TO: **BRETT WALES MUSIC FESTIVALS.**
PLEASE NOTE THE DEPOSITS ARE NON REFUNDABLE.
WE STRONGLY RECOMMEND YOU FIND A SUITABLE INSURANCE POLICY

| Title | First Name | Surname | Deposit included @ £60pp |
|--------------|------------|---------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | £ |

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|--|
| SPECIAL REQUESTS: PLEASE USE THE SPACE BELOW TO TELL US ABOUT ANY SPECIAL REQUESTS, SUCH AS ALLERGENS, DIETARY REQUIREMENTS, DISABILITIES ETC |
| |
| We will do our best to meet your requests but <u>no guarantee</u> is given |

CUSTOMER DECLARATION

I agree that my signature on this booking form constitutes my agreement and agree to the booking terms and conditions.
I accept the charges for accommodation and agree to pay the balance no later than 4 weeks prior to the event.

Signed: _____

Date: _____