When Completed send form to Mrs Katrina Wales, 14 Earlsfield Drive, Rise Park, Nottingham. NG5 5BQ, Tel: 01159274925/07572422976

| Your information | | | | |
|--|--------------------------|-------------|------------------------------|-----------------------------|
| Lead Client Name: | | | | |
| Home Address: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Postcode: | | Tel No: | | |
| Email Address: | | | | |
| | | | | |
| Double With | | Double Twin | | Keystar Upgrade |
| The Cheltenham Chase Hotel | Single Occupancy £310 | £269 | £269 | £284 |
| | 1310 | | | |
| Please tick room required | | | | |
| | | | | |
| A deposit of £50 per person is payable at time of booking with cheques payable to Brett Wales Music Festivals | | | | |
| Please note that deposits are non refundable. We strongly recommend you find a suitable insurance policy | | | | |
| | | | | |
| Title | First Name | e | Surname | Deposit included @ £50pp |
| | | | | Тэорр |
| | | | | |
| | | | | |
| | | | TOTAL | |
| | | | TOTAL | £ |
| | | | | |
| Contribution of the contri | | | | |
| Special Requests Please use the space below for any special requests ie. Disabilities, dietry requirements ect | | | | |
| | | | | |
| | | | | |
| | | | | |
| We will do our best to meet your requests but <u>no guarantee</u> is given | | | | |
| , , <u> </u> | | | | |
| | | | | |
| CUSTOMER DECLARATION I agree that my signature on this booking form constitutes my agreement and agree to the booking terms and conditions. | | | | |
| | | | he balance no later than 4 w | |
| Signed: | Date: | | | |