**GUERNSEY / 9-11 OCTOBER 2020**

**BOOKING FORM**

**GUEST NAMES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Title | Name | Surname |
| 1 |  |  |  |
| 2 |  |  |  |

**CORRESPONDENCE ADDRESS**

**Guest 1**

|  |  |
| --- | --- |
| Address |  |
|  |  |
| Home Tel |  |
| Mobile |  |
| Email |  |

**Guest 2 *(if different from guest 1)***

|  |  |
| --- | --- |
| Address |  |
|  |  |
| Home Tel |  |
| Mobile |  |
| Email |  |

**ROOM TYPE – please tick/circle**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Single** |  | **Double** |  | **Twin** |  |

**DIETARY REQUIREMENTS**

|  |
| --- |
| Please list any dietary requirements or food allergies: |
|  |

**Please return your form to Miss Mary Connolly, 40 Paul Byrne House, Helen Close. London N2 0UU**.

I have transferred the non-refundable deposit of £100 per person to the Candlewick Ward Club bank account at 30-92-87, Acc No 00493363/enclosed a cheque payable to “Candlewick Ward Club”

I confirm that I/we will obtain comprehensive travel/health insurance for the duration of my/our stay in Guernsey from 9-11 October 2020.

Name: …………………………………………………………........... Date: ……………………………….

Signed: …………………………………………………………………..