



SOUTH ENGLAND CONFERENCE Camp Meeting 2010 Booking Form

Once completed & fully signed send this form with your deposit **directly** to:
Pontin's Prestatyn Sands Holiday Park, Central Beach, Barkby Avenue,
Prestatyn, Denbighshire. LL19 7LA. Tel: 01745 881800

Accommodation:												
Booking ref _____ Holiday location PRESTATYN SANDS _____							Number of apartments					
Arrival date 17 May 2010 Departure date 23 May 2010							Club: <input type="checkbox"/> <input type="checkbox"/>					
No. of nights <input type="checkbox"/> Total persons <input type="checkbox"/> Total no. apartments/rooms <input type="checkbox"/>							(C) 1 bedr'm 2 bedr'm					
Number of people between the following ages (age at date of holiday)							Self Catering: X			Classic: <input type="checkbox"/> <input type="checkbox"/>		
										(K) 1 bedr'm 2 bedr'm		
Total												
60+	45-59	26-44	18-25	12-17	8-11	5-7	2-4	Under 2				
							Budget: <input type="checkbox"/> <input type="checkbox"/>					
							(P) 1 bedr'm 2 bedr'm					
							Beds: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
							Single Double Twin					

Party Details:										
Title	Initial	Surname	No. of Rooms	Age*		Title	Initial	Surname	No. of Rooms	Age*

* Please note – first named person must be over age 18. Special requests not guaranteed.
Please complete one booking form per apartment.

Full Postal Address of First-Named on Booking Form:	
Name:	Home Tel:
Number & Street:	Business Tel:
Town:	
County:	Post Code:

Please Read Carefully:

For your protection and peace of mind: Holiday Insurance:
Cover takes effect 56 days prior to your holiday, providing the holiday balance and insurance premiums have been received by us in full or from the date we receive these payments, whichever is the latter. If you have an alternative policy in place or have decided to travel without holiday insurance **please sign** below to indicate that you do **NOT** require our cover.

Signed: _____ Date: _____

Deposit: £ 100 PER APARTMENT																					
I enclose cheque/Postal Order payable to PONTIN'S LTD.																					
Or charge that amount against my Credit/Debit Card No:																					
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Local Minister's Signature: _____

NB. 1.5% handling charge applies to credit card transactions.

Print Minister's Name: _____

Declaration:

I agree on behalf of all persons named above to abide by Pontin's conditions as published in the current Pontins brochure. I accept the charges for accommodation and agree to pay the balance 56 days before the Conference date. By entering into a contract I understand that the details I provide will be used in booking and providing accommodation for the above function.

Member's Signature: _____

Date: _____