



SKÅL INTERNATIONAL UNITED KINGDOM
59TH NATIONAL ASSEMBLY
JERSEY, 20 – 22 April 2012
BOOKING REQUEST FORM

PERSONAL DETAILS

NAME: _____

ADDRESS: _____

POST CODE: _____ EMAIL ADDRESS: _____

TEL NUMBER: _____ MOBILE NUMBER: _____

YOUR PARTY

NUMBER OF PERSONS: _____

ROOMS REQUIRED:

| | | |
|--------|------|------------------------|
| DOUBLE | TWIN | SINGLE – NO SUPPLEMENT |
| | | |

£330.00 PER PERSON FOR TWO NIGHTS – NO SINGLE SUPPLEMENT

EXTRA NIGHTS: THIRD NIGHT FREE. THEREAFTER £70.00 B&B

| | | |
|---------------|-------------------|-----------------|
| ARRIVAL DATE: | NUMBER OF NIGHTS: | DEPARTURE DATE: |
| | | |

SPECIAL REQUESTS:- IE Dietary, mobility etc. Please give as much detail as possible.

BADGE NAMES – First names and surnames for all participants on this form

| First Name | Surname | Category** | Skål Club |
|------------|---------|------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(**Categories: Skål Member/Club President/Other National or International Officer (state which) /Guest

FRIDAY MORNING COMPETITION – Details and costs to be advised depending on demand

Golf Competition Friday Morning – How many players?

Fishing Competition Friday Morning – How many rods?

DEPOSIT

Cheque enclosed £_____ being full payment or £50 per person non-refundable deposit

Balance payable by 24th February 2012

Cancellation Policy: Details on application – We strongly recommend you arrange suitable travel insurance.

Signed on behalf of all named above: _____ Date: _____

Booking forms and cheques (payable to Skål Club of Jersey) to:
David Lord, Treasurer - Skal International Jersey,
Little Orchard, 36 Highlands Close, Maison St Louis, St Helier, Jersey, JE2 7LX
Tel 01534 864307 e-mail: davidlord.55@googlemail.com