Rest and Recuperate Break Booking Form   
  
Mon 23rd – Thu 26th Sept 2024

Please complete this booking form in BLOCK LETTERS, make a copy for your records and then return to us with your deposit to:

* Bookings Admin, Sizewell Hall, Sizewell, Leiston, Suffolk, IP16 4TX
* [bookings@sizewellhall.org.uk](mailto:bookings@sizewellhall.org.uk)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **O** - Mr & Mrs | **O** - Mr | **O** - Mrs | **O** - Miss | **O** - Other | | **O** – Prefer Not To Say |
| First Name/s: |  | | | | | |
| Surname: |  | | | | | |
| Email Address: |  | | | | | |
| Phone No(s): |  | | | |  | |
| Address: |  | | | | | |

|  |
| --- |
| \*Cost Per Person for 2024 is **£185** **or £170 if booked before 5th Aug**  - full amount payable 2 weeks before the break |
| I enclose/have sent a non-returnable deposit of £ \_\_\_\_\_\_\_\_\_\_ (**£40.00** per person) |

**\***Bed linen is provided but please bring a towel

Please note your booking cannot be confirmed until your deposit has been paid:   
*(Please tick payment method)*

* Cheque: Payable to **Sizewell Hall Ltd**
* BACS Transfer: Acc No: **80820180** | Sort code: **20-16-12  
  Please do not transfer to the old account if you have this saved from past events**

|  |  |
| --- | --- |
| Any Dietary Requirements and requests of things you won’t eat?  **Please be as detailed as possible!** |  |
| I am happy to share a room with - |  |
| Any Other Requests - |  |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_