**WILTSHIRE CENTRE 60TH ANNIVERSARY RALLY BOOKING FORM**

**Charlton Park Malmesbury 2ND – 6TH May 2024**

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| BLOCK CAPITALS PLEASE  NAME …………………………………………………………………………………..CENTRE ……………………………………………………………………………….  ADDRESS ………………………………………………………………..……………………………………………………………………………………..……………….  POSTCODE ……………………………………………………………………………TEL No. ……………………………………………………………………………  CAMC. MEMBERSHIP No. …………………………………………………… CAR REGISTRATION No …………………………………………………  **UNIT LENGTH** (M) ………………………………………………………………… **CARAVAN/MOTORHOME** ………………………………………………. |

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| **NUMBER IN PARTY** ADULTS ……………………………… CHILDREN UNDER 18 ……………………………… |

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| **FAMILY TICKET**  **Rally Fee for Thursday Night** **@£12.00**  (*Based on a maximum of 2 Adults and Children under the age of 18,*  *all live entertainment and Saturday Supper included)*  **Rally Fee for Friday to Monday** **@£108.00**  *There are two fees to allow Thursday to be booked separately*. *The*  *remainder for Friday to Monday cannot be booked per day.*  **Per Extra Adult @£20.00** | £ |
| £ |
| £ |
| **CONCESSION FOR 1 UNIT WITH SINGLE OCCUPANT**  **Rally Fee for Thursday Night** **@ £12.00**  **Rally Fee for Friday to Monday** **@ £96.00** | £ |
| £ |
| Additional visitor's cars (Each) **@ £8.00** | £ |
| **Remittance by BACs No charge** | £ 0.00 |
| **Fee per Cheque used for payment, please add 40p** | £ |
| **Total Remittance** | £ |
| **DEPOSIT TO BE PAID AT TIME OF BOOKING @ £30.00** | £ |
| **OUTSTANDING BALANCE TO BE PAID BY 31/3/24** | £ |

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| FIRST CARAVAN CLUB RALLY **YES/NO** | BLUE BADGE HOLDER **YES/NO** |
| SPECIAL DIETARY REQUIREMENTS | |
| **Your booking form and remittance must be sent to:**  **Wiltshire Centre Treasurer: Mrs A Sambrook, 7 Goulding Close, Swindon, Wiltshire SN3 4QY. Tel: 07599 794986 before**  **31st March 2024. Booking form can be emailed directly to** [treasurer@wiltshirecentre.co.uk](mailto:treasurer@wiltshirecentre.co.uk), **to avoid postage costs.**  **Please follow these steps for BACs payments:**   1. Make the payment to: ***CAMC Wiltshire Centre*** Sort code: ***40-08-28*** Account number: ***81541072*** Payment Reference: **your reference should be your membership number and last name, for auditing purposes.** 2. Send an email to: [treasurer@wiltshirecentre.co.uk](mailto:treasurer@wiltshirecentre.co.uk)   With the following details: Heading “Paid by Bank Transfer” and then…. Your name, amount transferred, date payment made, 60th Anniversary Rally, purpose (deposit/balance/full payment).   **Cheques** payable to **CAMC - Wiltshire Centre.** Please add **40p** per cheque to cover bank charges. Post dated cheques will not be accepted.  **If you would like a receipt for your booking, provide your e-mail address.**  **E-mail address:** …………………………………………………………………………………………………………………………..  **REFUNDS: IN THE EVENT OF CANCELLATION BEFORE** **the 31st MARCH 2024, WILL BE IN FULL.**  **AFTER 31st MARCH 2024, WILL BE AT THE DISCRETION OF THE ORGANISERS.**  I/we will be responsible for any costs incurred on my behalf.  **SIGNED** *……………………………………………………………………***Date** …………………………………………………………….. | |