

# BOOKING FORM

## WINTERINGHAM FIELDS ON BOARD THE NORTHERN BELLE

SATURDAY 12 SEPTEMBER 2015

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to book \_\_\_\_\_\* places on board the Belmont Northern Belle Winteringham Fields Fine Dining Evening on Saturday 12 September 2015 and understand that I am responsible for my party's booking.

\* Tables of 2 are subject to availability and cannot be guaranteed

The names in my party are as follows: (Please include full names and any dietary requirements—if vegetarian please indicate whether they eat fish)

1. \_\_\_\_\_ Dietary Requirement (if any): \_\_\_\_\_

2. \_\_\_\_\_ Dietary Requirement (if any): \_\_\_\_\_

3. \_\_\_\_\_ Dietary Requirement (if any): \_\_\_\_\_

4. \_\_\_\_\_ Dietary Requirement (if any): \_\_\_\_\_

5. \_\_\_\_\_ Dietary Requirement (if any): \_\_\_\_\_

6. \_\_\_\_\_ Dietary Requirement (if any): \_\_\_\_\_

### Mobility

Does any member of your party have any mobility requirements? (Please state below);

\_\_\_\_\_

\_\_\_\_\_

Are you or any members of your party wheelchair users? Yes  No



# BOOKING FORM (Continued)

## Departure Location

There are a choice of three departure locations for this trip. Please indicate where your party would like to board the train.

Cleethorpes                       Grimsby                       Scunthorpe

## Payment

The amount of £100 deposit per person is payable at the time of booking, then a second instalment of £100 per person is due on 1 April 2015 and the final payment of £95 per person is due on 1 July 2015. Monies paid are non-refundable. Payment may be made by cheque, made payable to "When You Wish Upon A Star" or by providing card details below. Reminders will be sent out one week before next payment is due.

## Payment Details

I would like to pay by (Please tick):      Cheque                       Credit Card   
(Cheques need to be made payable to: When You Wish Upon A Star"

If you are paying by credit card, are you happy for us to automatically charge further payments to your card when they become due?      Yes                       No

Card Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Issue No (if applicable): \_\_\_\_\_ Last 3 Digits: \_\_\_\_\_

Is the card registered to the address already provided? If no, please provide the address here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deposit amount to be charged to your card (please complete): £ \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return your completed form with cheque/credit card details to:**

**When You Wish Upon A Star, PO Box 648, Grimsby, DN31 9HQ**

**Tel/Fax: 01472 827100**

If you DO NOT wish to be contacted with information about future events and fundraising activities please tick this box