**CUMBRIA CENTRE 2021 DINNER DANCE**

**& RALLY BOOKING FORM**

NAME(S): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Membership No.. . . . . . . . . . . . . . . . .

ADDRESS: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Centre. . . . . . . . . . . . . . . . . . . . . . . . .

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Email Address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Telephone Number: . . . . . . . . . . . . . . . . . . . . . . . Mobile Number: . . . . . . . . . . . . . . . . .

**DINNER DANCE (Saturday 25th September 2021)**

Number of Tickets required @ £35.00: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . .

Meal choice (Turkey, Beef, Salmon or Vegetarian): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Seating requests (if any): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**RALLY** (Covering the nights of Thursday 23rd September to the morning of Monday 27th September 2021)

Day & Approximate Time of arrival: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

No of nights (1 night £10; 2 nights £13; 3 nights £16; 4 nights £19): (Please indicate)

TOTAL AMOUNT DUE FOR DINNER DANCE AND RALLY :£. . . . . . . . . . . . . .

Payment to be made at the latest by 16th September

BACs payments: 40-36-10 : 61492284 REFERENCE: SURNAME/DANCE

Please send this form to: -

Alan Wright

Queens Head

Shap or emailed to: chairmancumbriacentre@gmail.com

Cumbria

CA10 3NG

Additional Information to help the hotel

FRIDAY EVENING BAR MEAL. Number Required:. . . . . . . . (Pay hotel on the evening)

SUNDAY LUNCH Number Required:. . . . . . . . (Pay hotel on the day)

SUNDAY EVENING MEAL. Number Required:. . . . . . . . (Pay hotel on the day)

**By completing this booking form you are consenting to your information to be used for the administration of this rally/event, this includes an attendance record. If you do not wish  for your information to held  on this record then please contact the Centre Secretary. We also may share your details with NHS track and trace. If you do not wish this to be shared please contact TestandTraceOptOut@camc.com**