

Paragon2 Hotel Booking Form

Please complete one form per person and return to:

John Dowd, c/o Paragon2, 4 Burnside Avenue, Sheffield, S8 9FR, UK

Please use Block Capitals

Forename Surname Membership Number

Address

.

Town. State/county.

Postcode. Country.

Email address

Telephone(s)

Which nights will you be staying?

Thursday 24/3/2005 ☐

Friday 25/3/2005 ☐

Saturday 26/3/2005 ☐

Sunday 27/3/2005 ☐

Monday 28/3/2005 ☐

Type of room

Double ☐ sharing with. Memb. No.

Twin ☐ sharing with. Memb. No.

Twin ☐ Please find me a sharer. I am male/female* smoker/nonsmoker*
(*please delete as appropriate)

Single ☐ (on no account will I agree to share a room)

Single ☐ (I agree to share a room if there are no singles available)

Family/triple/quad* ☐ 1st name Memb. No.

(*please delete as appropriate) 2nd name Memb. No.

3rd name Memb. No.

4th name Memb. No.

Preferences/ special requirements

I would like a room in the no smoking area yes/no/don't mind*

I would like a room in the quiet area yes/no/don't mind*

I need a cot in my room yes/no*

I require vegetarian meals yes/no/don't mind*

I have the following special requirements: (*please delete as appropriate)

please continue overleaf or on a separate sheet if necessary

A deposit of £20 per person is required.

I enclose a cheque of £. (please make cheques payable to Paragon2)

I wish to book the accommodation as detailed above. I accept that I am wholly responsible for my hotel bill or that I am jointly responsible with my sharer if I am occupying a shared room.

Signed. Date

This information will be kept on a database. Booking information will be passed to the Hotel.