

## Cancellation Form

This form should be completed and returned to us as soon as possible by recorded delivery, as your cancellation will not come into effect until we receive it. Please be aware that all certificates, information and evidence provided by you shall be at your expense. Sections A & B to be completed by the lead name only on the booking.

<b>SECTION A</b>	To be completed by the lead name only (Block capitals please)	
Booking Reference	_____	Holiday dates _____
Name	_____	
Address	_____ _____ _____	
Date of cancellation	_____	Date holiday booked _____

<b>SECTION B.</b>
Person causing cancellation _____
Relationship to lead name _____
Reason for cancellation _____
Date of incident causing cancellation _____
Was the person causing the cancellation aware of the illness/condition at the time of making the booking? ( YES / NO )

**Please complete the section overleaf relating to supporting documentary evidence.**

### DECLARATION

I declare that all the information given on this form is to the best of my knowledge and belief, full, true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***The decision of Woolacombe Bay Holiday Parks shall be final in all claims.***

Holiday Administration, Woolacombe Bay Holiday Parks, Woolacombe, Devon EX34 7HW

**SECTION C – BODILY INJURY, ILLNESS OR ADMISSION TO HOSPITAL**

Please be aware that all certificates, information and evidence provided by you shall be at your expense.

a) Nature of bodily injury/illness \_\_\_\_\_

b) Date medical treatment sought for condition described in section a: \_\_\_\_\_

c) Was the person causing the cancellation fit to travel at the time of making the booking? ( YES / NO )

d) Was the person causing the cancellation part of the party? ( YES / NO )

If yes – do you consider that the sickness or injury prevents the person cancelling from travelling? ( YES / NO )

If no – was the attendance of the member of the party attending necessary? ( YES / NO )

**NAME OF MEDICAL PRACTITIONER**

**VALIDATION STAMP (essential)**

Signature of Medical Practitioner: \_\_\_\_\_

Qualification: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION D – DEATH**

For cancellation due to death, please supply a copy of the death certificate.

**SECTION E – REDUNDANCY**

For cancellation due to redundancy, it is essential that you attach a letter from your employer confirming that you have been made redundant after your booking is accepted and qualify for payment under any applicable statute.

**SECTION F – JURY OR WITNESS SERVICE**

For cancellation due to jury or witness service, it is essential that you send a letter from the court confirming that the hearing dates are during the holiday period.

**All cancellations are administered in accordance with the current Conditions of Booking and the provisions made in the Holiday Safeguard Scheme.**