

# Nottingham & Notts. Kidney Patients Association.

Registered Charity No. 508882  
<https://www.nnkpa.org/>

## Application for holiday Home Accommodation

**Mrs. C Burton**  
17 Lowfield Lane,  
Balderton,  
Newark,  
Notts,  
NG24 3HJ  
Tel: 01636 686836

Patient's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. No. \_\_\_\_\_

Type of Treatment (*delete as necessary*): **Haemodialysis / CAPD / APD / Transplant / Pre-dialysis.**

Names, Addresses and Relationship to Patient, of Your Party:

|    |       |       |
|----|-------|-------|
| 1) | _____ | _____ |
| 2) | _____ | _____ |
| 3) | _____ | _____ |
| 4) | _____ | _____ |
| 5) | _____ | _____ |

**Duration:** Bookings are normally taken for single weeks. Take up time being 2pm on Saturday and vacating by 11am the following Saturday.

### Your Choice of Dates:

**1st Choice:** Date from \_\_\_\_\_ 20\_\_ To \_\_\_\_\_ 20\_\_

**2nd Choice:** Date from \_\_\_\_\_ 20\_\_ To \_\_\_\_\_ 20\_\_

### Your Party Numbers:

Total in Party ..... persons, made up of ..... adults, ..... age 3-16 and ..... under 3 year olds.

**The total number of persons staying on the premises must not exceed the total stated above.**

I agree to be bound by the terms and conditions as laid down by the Association and to be held responsible for the care of the property during my term of occupancy. I understand the accommodation is self-clean and I will sanitize as appropriate on arrival and departure. I undertake to vacate the property at the end of my allocated holiday dates and to LEAVE THE ACCOMMODATION CLEAN AND TIDY. THANK YOU.

**When booking a holiday for the next calendar year membership must be paid in advance along with your deposit.**

**A deposit of £25.00 is required at the time of booking. This amount is Non-returnable.**

Signed \_\_\_\_\_

Please return to above address.

Date \_\_\_\_\_