Dear customer,

Following the latest government announcements regarding the health pass, and to avoid queuing on your arrival at the campsite, please complete the form below.

You can send it to us prior to your arrival or present it to us on your arrival at the campsite.

List of **adults** (18 years and over) staying on the campsite from \_ \_ /\_ \_/\_ \_ \_ \_ to \_ \_/\_ \_ /\_ \_ \_

I, the undersigned,\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, certify that the adults mentioned below will be staying on the campsite (name)\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ from \_ \_ /\_ \_/\_ \_ \_ \_ to \_ \_/\_ \_ /\_ \_ \_ \_.

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| **SURNAME** | **FIRST NAME** | **DATE OF BIRTH** |
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| Health pass checked by \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (name of member of staff)  Date \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |