

National Indoor Games Application Forms

14 – 16 March 2025

Please note: Each person requiring accommodation or attending just the Saturday day must complete a form. If you require more forms please contact Central Office or visit www.britishpolio.org.uk

FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

CONTACT NUMBER: _____ EMAIL: _____

DO YOU HAVE POLIO? Yes No

DO YOU USE A POWERED WHEELCHAIR OR SCOOTER? Yes No

Is your partner or carer also attending the event? Please give their name and any other relevant information. Please note if your partner or carer requires a separate room or wishes to take part in games they will need to submit a separate form.

Please list the top three games you are interested in competing at in order of interest (see page 18).

- 1.
- 2.
- 3.

Do you have any other special requirements?

We will share your requirements with the hotel and every attempt to meet them will be made were possible. On some occasions this will not be possible, and we apologise for any inconvenience caused.

Do you require a double, single or twin room? Double Single Twin

If double or twin please give the Name of person sharing with:

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I would like to attend the whole weekend (2 nights) - **£150**

If you are NOT staying the whole weekend, please tick your requirements below so we can ensure you are correctly catered for.

I will require one night's bed & breakfast + evening meal only - **£75**

Please indicate which day you require: Friday Saturday

I would like to attend the Saturday day event only including lunch and refreshments - **£15**

I will require a Saturday Evening Gala Dinner Meal - **£30**

It is advisable to take out holiday insurance.

Please make all cheques payable to: The British Polio Fellowship

PLEASE RETURN ALL FORMS TO CENTRAL OFFICE BY POSTING TO:

THE BRITISH POLIO FELLOWSHIP
CP HOUSE
OTTERSPOOL WAY
WATFORD
WD25 8HR

OR

FREEPOST THE BRITISH POLIO FELLOWSHIP

