V10 **TRACK AND TRACE FORM** FOR EVERY STAY ON THE PARK

**2021 Occupiers at Birchwood Tourist Park:** Please EITHER complete and return this information for the duration of your stay OR scan the QR code EVERYDAY of your stay.

This form is held by us for 21 days after departure. If required, it will be provided to NHS Test and Trace. Copies are on our website homepage or in reception. The QR code is on the reception window or inside the shop porch.

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| --- | --- |
| **Full Name for Reservation:** |  |
| Contact Phone number: |  |
| Email address: |  |
| Vehicle Registrations/s: |  |

Please DO NOT travel to the Park if you or anyone in your household has COVID-19 symptoms.

**Common symptoms** of coronavirus (COVID-19) are **recent onset of a new continuous cough** or **high temperature** or **loss of,** or **change in, normal sense of taste or smell (anosmia)**. If you have any of these symptoms, however mild, stay at home: **self-isolate for recommended time** – do not leave your home or have visitors. **Get a test**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Arrival | Date of Departure | Name of **ADULT** Occupiers (16 years or over) | Phone number or email | 1st Line of Address  Postcode |
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|  |  |  |  |  |
|  |  |  |  |  |
| Date of Arrival | Date of Departure | Name of **CHILD** Occupiers | Post code | 1st Line of Address |
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From 17th May 2021 (Step 3):

* Each unit booking: **Overnight stays are restricted to up to 6 people or 2 households/ bubbles.**
* **Indoors**, people can meet in groups of up to 6 people, or as a group of 2 households. A group made up of 2 households can include more than 6 people, but only where all members of the group are from the same 2 households.
* Social distancing should be maintained between people who do not live together or share a bubble.

These rules and information are under constant review and maybe updated at short notice following Government legislation or guidance,

**I have read, understand and agree to the Park rules and any additional covid-19 rules and conditions for myself and I will ensure anyone who stays on the pitch will also obey them:**

|  |  |
| --- | --- |
| SIGNED: | DATE |

**Staff Use**

Date: Time of arrival: Time of departure:

Declaration at **Customer Departure** of any illness during stay: NONE or YES:

Email / Verbal Interacting Staff Names:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_21 days from Departure