

SUBLET SCHEME 2021

AGREEMENT FORM

Please complete ALL details and return this form to the following address or hand in to the Holiday Sales Manager at Reception:
 Holiday Sublet Administrator, Golden Sands Holiday Park, Sandy Cove, Foryd Road, Kinmel Bay, Rhyl, North Wales LL18 5NA.

Name: _____

Address: _____

Pitch No: _____ Account No: _____

Home Tel: _____ Mobile: _____

E-Mail: _____

YEAR PLANNER - OWNER'S DATES REQUIRED

To get the most out of your holiday hire, please note our arrival and departure days. **Please mark the dates you require for your own use only.**
 Each box below represents 1 night - If you are unsure please ask for advice from the Holiday Sales Manager before returning your form.

OFF PEAK SEASON DATES
 PEAK SEASON DATE
 BANK HOLIDAYS

	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN							
APRIL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30									
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MAY	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN		
			3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31								
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JUNE	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30									
JULY	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31								
AUG	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN			
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SEPT	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30									
OCT	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31								
NOV	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30									

GUIDE TO ARRIVAL DAYS

- 3 night weekend break Friday – Monday
- 4 night midweek break Monday – Friday
- 7 night week break Saturday – Saturday

FOR PARK USE ONLY

Date: _____ CSN: _____

Grade: _____

I declare that I am/am not registered for VAT (delete as appropriate) VAT NO:
 I have read and agree to the full Terms and Conditions of the 'Golden Sands Sublet Scheme' and confirm that all details completed are correct. I agree to the income gained from this scheme for 2021 being set against the following year's pitch fees and will ensure all personal belongings are removed prior to hire.

OWNER'S SIGNATURE/S: _____ DATE: _____

PRINT NAME/S: _____ DATE: _____



SUBLET SCHEME 2021

GRADING DETAILS

HOLIDAY HOME DETAILS

Make & model: _____ Year: _____

Size: _____ Length: _____ Width: _____

Bedrooms (Please indicate how many)

Double: _____ Twin: _____ Bunk: _____ Triple: _____ Lounge/Diner sleeping: _____

Extra heating in bedroom: YES/NO (Please delete as appropriate) Extra heating in bathroom: YES/NO (Please delete as appropriate)

Tick where applicable

Central heating Panel heating Decking: YES NO Double glazed: YES NO Hot tub: YES NO

Insurance Certificate Provided Additional 'Sublet' Insurance Cert. Provided Safety Checks Completed

Paperwork Obtained

OFFICE USE ONLY

Unit rejected or accepted	Date
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If rejected: requirements for up to standard (TV, Microwave etc):

Comments:

Holiday Home accommodation grade: Owner ledger balance:	Caravan Number:
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Certification approval:

Electrical certificate expiry date	PAT expiry date	Landlord's gas test expiry date	Carbon Dioxide Alarm date checked	Fire extinguisher date checked	Smoke detector date checked

Copies of Insurance Certificates for cover of Holiday Hire received: Date: _____

HSM SIGNATURE:	PRINT NAME:	DATE:
GENERAL MANAGER SIGNATURE:	PRINT NAME:	DATE:
DATE PUT ON HIRE:		