



## LLAWRBETWS CUSTOMER DECLARATION COVID - 19

FULL NAME

CONTACT NUMBER

DATE OF ARRIVAL

DATE OF DEPARTURE

TIME OF ARRIVAL

TIME OF DEPARTURE

ADDRESS

PITCH NUMBER

CAR REGISTRATION(S)

EMAIL ADDRESS

### PLEASE ANSWER THE FOLLOWING QUESTIONS 48 HOURS BEFORE YOUR ARRIVAL ON THE PARK:

HAVE YOU OR ANY MEMBER OF YOUR CARAVAN BUBBLE BEEN DIAGNOSED WITH COVID-19?

*IF YES, PLEASE SPECIFY DATE OF POSITIVE RESULT.*

Y/N?            DATE OF POSITIVE TEST

HAVE YOU BEEN IN CONTACT WITH ANYONE THAT HAS BEEN DIAGNOSED WITH COVID-19?

*IF YES, PLEASE SPECIFY DATE OF LAST CONTACT.*

Y/N?            DATE OF LAST CONTACT

HAVE YOU DISPLAYED FLU-LIKE SYMPTOMS IN THE LAST 14 DAYS?

*(to include fever, cough, sore throat, respiratory illness, difficulty breathing, loss of taste and smell)*

Y/N?

**PLEASE NOTE: IF HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS  
YOU MAY BE DENIED ENTRY TO THE PARK.**

HAVE YOU BEEN ABIDING BY THE GOVERNMENTS STRICT SOCIAL DISTANCING GUIDELINES?

Y/N?

BY SENDING THIS DOCUMENT YOU ARE AGREEING THAT ALL ANSWERS GIVEN ABOVE ARE TRUE AND CORRECT. SELF-ISOLATING AT YOUR CARAVAN IS STRICTLY AGAINST OUR OPENING POLICY. THANK YOU FOR KEEPING OURSELVES AND OUR COMMUNITY SAFE AT THIS TIME.

PLEASE SEND THIS DOCUMENT TO [INFO@LLAWRBETWS.CO.UK](mailto:INFO@LLAWRBETWS.CO.UK) 48 HOURS PRIOR TO YOUR ARRIVAL.