

Schools Booking Confirmation Form

SCHOOL.....

ADDRESS.....

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TEL NO..... FAX NO.....

CONTACT NAME.....

DATES REQUIRED.....

TIME OF ARRIVAL..... TIME OF DEPARTURE.....

TYPE OF ACTIVITY.....

AGE GROUP..... NUMBER IN GROUP.....

CATERED/SELF-CATERED.....

SPECIAL DIETARY REQUIREMENTS.....

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RELEVANT INFORMATION.....

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*I enclose a deposit of £..... (£250.00 for each week or part of week) or

*I wish to confirm that if cancellation is made prior to eight weeks before booking date the school will be liable for the full deposit. If cancellation is made after eight weeks before booking date the full cancellation fee as per booking conditions will apply.

I accept the booking conditions on behalf of (School).....

Name..... Position.....

Signature..... Date.....