



BOOKING FORM

Date of arrival:		Date of departure:	
Arrival time:		Departure time:	
Organisation:			
Contact Name:			
Address:			
Postcode:		Telephone number:	
Email address:			
Support needs e.g. Mobility, SEN, One to One or Communication:			
Numbers of Youth Campers/Visitors:		Numbers of Adult Campers/Visitors:	
Age of Youth Campers/Visitors		Site/Building if required:	
Catering required (NB Weekdays only)	Yes/No	Meals required. (please indicate)	Breakfast/Packed Lunch/ Dinner / Assisted Service
Activity required:	Yes/No	Equipment Hire:	Yes/No
Additional externally supplied electrical equipment:	Yes/No	Any external contractors being used for the visit e.g. activity supplier:	Yes/No

To enable us to confirm your booking we will require a 25% deposit payment. The invoice will be sent on receipt of the booking form.

<p>As the Adult in charge, I confirm I have read and agree to all Terms and Conditions and confirm that all over 18-year-olds staying overnight hold valid DBS certificates. I also confirm that my organisation has the relevant liability insurance for a minimum of £5,000,000.</p> <p>Sign: Print:</p>	<p>Date:</p>
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Please read the attached Terms and Conditions
Activity Risk Assessments can be found on www.waltonfirs.co.uk

Data Protection – If you do not wish to receive information about Walton Firs, please tick the box