Party Booking Form



Name of participant:			
Address:			
Tolophono	Post Cod	de:	
Telephone: Email:			
_			
Activities required			
Number of children:	Age of children:		Age range:
Date:			Time:
PLEASE NOTE: We require a 50% deposit Minimum age: 8 Years (for adults please rir Notes: minimum age 10 for Kayaking or W	ng or email us).		
Total cost quoted:	Deposit Gen Receipt No.		Amount:
	Balance General Receipt No		Amount:
Payment by cash or cheque. Cheques Alternatively please ring to pay by car		e Limited.	
We also have a room that can be hired To hire this room please complete the		e ask for costing	g and booking form).
Costello's Café can arrange catering if	required and can be contact	red on: 01438 7	748458.
Room Hire Times:			
NOTE: Group size activity and duration revised cost.	on can not be changed withc	out prior agreer	ment. Any changes may incur a
I confirm the above. Signed by:			
Please note that your booking is not c	onsidered to be confirmed u	ıntil we receive	this completed form.
OFFICE USE ONLY Receipt No:		Dat	e:
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