

Whitemoor Lakes Conference Booking Form Booking Form



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A facility of Action Centres UK Ltd, part of
Northamptonshire
Association of Youth Clubs. Charity Reg No. 803431.

Whitemoor Lakes
Barley Green Lane
Lichfield
Staffordshire
WS13 8QT
t: 01283 795000

e: enquiries@whitemoorlakes.org.uk

Key Contact Details

Group/Event Title:

Minimum number attending. (Note Booking Conditions 6c):

Maximum number attending. (Note Booking Conditions 6c):

Name of organisation:

Name of person making application:

Email address:

Address for correspondence:

Line 1:

Line 2:

Town:

County:

Postcode:

Telephone (day):

(evening):

Arrivals and Departures

Date of arrival (DD/MM/YYYY):

Approx time:

Date of departure (DD/MM/YYYY):

Approx time:

What is the aim of your event:

team building fun conference fellowship social other

Menu package required: Please specify.

Choose one, Standard Select Lakeside

Group Details

	Male	Female
Adults		
13 to 16 years		
8 to 12 years		
4 to 7 years		
Under 4 years		

Please supply these details no later than 8 weeks prior to arrival

Additional Conference and Equipment Requirements

Please select conference equipment and quantity required

Lectern:

Flip Chart:

*TV/DVD:

*LCD Projector:

*Extention Cable:

*PA/Speakers:

*Please note, a hire charge will be incurred on these items.

Each accommodation lodge comes with its own lounge/seminar room. Larger venues are available for larger events and need booking separately. (Subject to availability)

Exclusive use groups benefit from having the provision of all meeting venues.

Will your group require any instructed activities?

Yes No

See separate activities price list.

Will your programme include acts of Christian worship?

Yes No

Please provide your CCLI No. (Note Booking Conditions 12e)

Declaration

On behalf of the stated organisation, I hereby apply for the use of the Whitemoor Lakes Centre for the purposes stated and agree to observe the Centre's booking conditions and to meet the required charges.

NB: If a second signatory is required on the deposit cheque, please ask them to sign this declaration too. Whilst one signature is required to confirm adherence to booking conditions. Second signatory simply confirms your organisation's management is aware of its commitment.

Name	
Position in organisation	
Date (DD/MM/YYYY)	

Name (Second Signatory)	
Position in organisation	
Date (DD/MM/YYYY)	

Payment and submission of your application

- Payment to follow for a non-returnable deposit of (£20 per person) £ _____ as per booking conditions.**

Cheques should be made payable to: Action Centres UK Ltd.

BACS – A/C Name: Action Centres UK Ltd, A/C No: 50102466, Sort Code: 20-61-51

You can pay your invoices on-line via www.actioncentres.co.uk

or

- Please invoice me for a non-returnable deposit of (£20 per person) £ _____ as per booking conditions.**

Submit Form

Print Form

Data Protection Act. It is our intention to keep the information contained in this form on our computerised data base system. We will never pass this information onto third parties. If you have any objections to us doing so, would you please inform the Head of Centre in writing.