

Whitemoor Lakes Schools/Youth Clubs 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 of children attending. (Note Booking Conditions 6c):

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

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

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

Name of Group/School/College:

Nature/type of programme:

Year Group:

Name of person making application:

Name of group leader attending:

Address for correspondence:

Line 1:

Line 2:

Town:

County:

Postcode:

Telephone (day):

Fax No:

Email address:

Arrivals and Departures

Date of arrival (DD/MM/YYYY):

Approx time:

Date of departure (DD/MM/YYYY):

Approx time:

Group Details

	Male	Female
Teachers/Leaders/Helpers		
Students		

Accommodation Requirements

Will you be including off-site visits in your programme? Yes No

Will you be including on-site activities in your programme? Yes No

Disabled or Special Needs Requirements: Yes No

Please specify:

Menu package required: Please specify.

Choose one, Standard Select Lakeside

A packed lunch must be brought on arrival date.

During your stay, do you require packed lunches for off-site visits? Yes No

If Yes, please state when:

IMPORTANT! MUST BE COMPLETED BY YOU! I confirm that our group will bring a car or minibus (suitably insured) for use in the event of a member of our group requiring treatment at the medical centre or hospital, or should someone need transporting home. (NB: Whitemoor Lakes Centre cannot guarantee to have a vehicle/driver available.)

Declaration

On behalf of the above 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.

Name	
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