

# Whitemoor Lakes Schools/Youth Clubs Booking Form



Whitemoor Lakes  
Barley Green Lane  
Lichfield  
Staffordshire  
WS13 8QT

t: 01283 795000  
e: [enquiries@whitemoorlakes.org.uk](mailto:enquiries@whitemoorlakes.org.uk)



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

## 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:

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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:

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**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.

<b>Name</b>	
<b>Position in organisation</b>	
<b>Date (DD/MM/YYYY)</b>	

## 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: 20-61-69

You can pay your invoices on-line via [www.actioncentres.co.uk](http://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**