



# CENTRE BOOKING FORM

Please return your completed form within 10 working days



	<u>Group Leader Contract details</u>	<u>Name &amp; address for invoice if different</u>
Name		
Company or Group name		
Address		
Postcode		
Telephone		
Mobile		
Email		

Date of arrival	Date of departure	No of nights	Total in group
Est. Time of arrival after 15:00	Time of departure	Number of carers	Number of cared for
	10.45		

**We will need:**    Mobile hoist     Slings     Shower chair     Cot sides     Commode     Hearing Loop

**Please return this booking form with a non-refundable deposit of £100.**

I have enclosed a cheque for £100 (payable to The Beamsley Project)

I have made a bank transfer for £100

Details for BACS PAYMENTS: **Bank HSBC. Sort Code 40-25-30 Account 91268406**

Tick

In order to maintain our charitable status, we have to monitor our impact. If you are happy to do so, please could you confirm the number of guests in your party who have additional needs.

No

**Health & Safety**

I confirm we will carry out any necessary risk assessments for our guests prior to arrival

I confirm we have the appropriate child protection & safeguarding procedures or policies in place.

Tick

**How did you first hear of the Beamsley Project?**

Internet	(Name of web site)	Tick
Brochure / magazine	(name)	
Personal recommendation	(details)	
Other	(details)	

I have read and accept the Booking Conditions. The Beamsley Project will never share your personal data with other organisations but we would like to keep you up to date on our developments. Please tick if you would like to be receive updates by: Email  and or post .

Signed: ..... Date: .....