

CENTRE BOOKING FORM

Please return your completed form within 10 working days



Name Company or Group name Address Postcode Telephone Mobile Email Date of arrival after 15:00 Time of departure 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 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. 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 polices in place. How did you first hear of the Beamsley Project? I internet (Name of web site) Brochure / magazine Personal recommendation (details) (details) I have read and accept the Booking Conditions. The Beamsley Project will never share your personal		Group Leader Contract details		Name & address for invoice if different			
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data with other organisations but we would like to keep you up to date on our developments. Please							
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