Weekend and Holiday Group Booking Form

		•				
Day of Visit	Group Name					
Date of Visit	Booking Name					
Address						
7 (3.3.1 0.00						
Tolophono						
Telephone Email Email						
Don't miss out on the Adventure Valley E-newsletter and offers. Tick this box to opt out.						
Booked numbers A				tual numbers on day (office use only)		
Children Aged 2-12		8.00 mid, 8.75 standard			v	
	_				X	
Under 2's on day of visit		free				
Adults		8.00 mid, 8.75				
Adults		standard			х	
			Free Adults*			
			rice Addits			
Adults over 60		7.50 mid, 8.25				
		standard			х	
Farm Stationary Sets		1.00 each			х	
Animal Feed		60p or 3 for				
		1.50			Х	
Cabin Hire		12.50 each			Х	
					,	
				TOTAL		
Estimated time of Arrival				DEPOSIT PAID		
				BALANCE DUE		
Estimated time of Departure				BALANCE DUE		
Are you travelling by coach? If yes how many						
and will they be staying?				Wristband Colour		
Are you bringing Packed Lunches?						
Will you be making purchases from the gift shop?						
will you be making parenases from the girt shop:				To be completed on day of visit		
the and and a section 7 and 2				Balance Due		
www.adventurevalley.co.uk				I wish to be invoiced for the balance due to		
				the above email	address	
Name				Signature		
Signature				Position		
Date				Date		
A minimum of 20 paying children is required to qualify for the discounted				Office Use Only		
group rate as advertised and for free adult places.						
				Balance paid in	full	csh,chq,cd
* 1 free adult per 5 paying children or 1 per 2 paying SEN children				To be invoiced		
Cabins can be requested but availability can not be guaranteed especially				. o be invoiced		
for weekend bookings				Staff Initials		
Visits must be provisionally booked by telephone. This form must then be						
completed and returned with a minimum, non refundable deposit of £3						
per person a minimum of 7 days prior to the date of your visit.						