

# DAY BOOKING FORM

Be Part Of It...

Please ensure you have filled the Day Booking Form in full, with medical forms, at least 2 weeks before your arrival.

Please include your arrival and departure times where possible

Timings are suggested on the form, but most are flexible to work around your requested activities

Many groups choose to split into smaller activity groups (eg, a group of 30 may split into 2 groups of 15) to allow them to take part in activities that are limited by numbers

Some requested programmes may need modifying, taking into account activity ratios, availability of staff and equipment as well as group numbers.

The Centre Risk Management Summary is available on request.

GROUP DETAILS (FOR INVOICE PURPOSES)			
Group/School Name			
Group Leader		Group Age	
Address			
		Post Code	
Contact Telephone			
E-mail			
BOOKING DETAILS			
Date of trip			
Type of Trip (please mark as appropriate)			
3 hours: £19.00 per head			
4 Hours: £22.00 per head			
6 Hours: £33.00 per head			
1:1 sessions: £45.00 per hour			
Theme Days: One class - £370, Two Classes £470, 3+ Classes POA			
Theme Day at School : As above + £80 travelling expenses			
Birthday Party - £200 for 4 hours, up to 24 Young People			
GROUP NUMBERS			
Males over 18	Females over 18	Males under 18	Females under 18
ACTIVITIES			
In order for us to provide you with a trip that best suits your requirements, please supply us with some background information on the group, below			
What are the groups Learning Objectives?			
Do you have any specific activity requests?			
Cancellation - Please note that all bookings are subject to a cancellation fee of 50% if cancelled 2 weeks or less before the date of the booking.			
Signed : .....			Date ...../...../.....



# OXENWOOD OUTDOOR EDUCATION CENTRE

## MEDICAL AND ADDRESS FORM

All visitors, including staff, need to complete a Medical and Address Form before attending Oxenwood OEC.

Copies of these forms should be should be left with an emergency contact number e.g. at school, and the originals should be brought with the group.

Name of Child/Adult	
Next of kin (e.g. parent/guardian)	
Home Address	
Home telephone number	
Emergency telephone number	
Name of Family Doctor/ NHS Number	
Address of Doctor	
Doctors Telephone Number	
NHS number	

Please list any Medical Conditions or other information concerning the Adult/Child that would be helpful, including allergies.
