



MOUNT BATTEN CENTRE

adventurous activities

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GROUP BOOKING FORM

Name of Individual\group:		
Address:		Billing Address: (If different)
Email Address:		
Name of party leader:		
Phone number		
Day:	Emergency:	
Evening:		
Course:		
Date\s:		
Times:	Arrival	Departure
Numbers:	Students	Staff
Cost:		
25% deposit (See Terms of Booking)		
I declare that all participants are physically able to take part in the activity(s) stated above. I have read and am signing to accept the terms and conditions of this booking.		
SIGNATURE:		Date:
Name(please print)	Position:	
How did you hear about the Mount Batten Centre? Please circle for our records.		
Existing Customer	Word of Mouth/Recommend	Website
Advertisement	Newspaper Feature	Brochure
		Poster
		Radio
		Leaflet
		Other
Please tell us about any specific objectives you may have to assist us with our session planning:		
<u>Office Use Only</u>		
Date received:	Money Received:	Receipt No:
Approved by:	Date approved:	Booking No
Confirmation sent: Y\N	Date:	Invoice No: