## MOORLAND HALL LTD

## **CONFIRMATION BOOKING FORM**

Name of Group:			
Group Leader	No. of additional S	Staff	. M F
Contact Telephone Number			
Average Age of Children	No. of Ch	ildren	. M F
Arrival Day and Approx. Time		• • • • • • • • • • • • • • • • • • • •	
Departure Date and Approx. Time			
Any special medical needs (eg allerg details of medication, etc.)	gies, Asthma, Diabetes	etc. Please giv	e name of child,
Any Special Diets? (Please specify i	f you prefer no beef)		
		• • • • • • • • • • • • • • • • • • • •	
Any birthdays?			
Please note down the names of any c swim	·		
	•••••	• • • • • • • • • • • • • • • • • • • •	•••••
Photographs may occasionally be take to your child/children being photogra		chure. Please c No	
I have read the booking conditions as	nd agree to abide by the	em	
Signed (Group Leader)		Date	
Please return this form together with	a 25% deposit to:		
Jo Farrington Moorland Hall Brentor Road	Please make cheques	payable to M	oorland Hall Ltd.
Mary Tavy	or by BACS:	Barclays Ban	
Tavistock West Devon PL19 9PY		Account No. Sort Code:	13676161 20-68-10
E-mail: <a href="mailto:info@moorlandhall.co.uk">info@moorlandhall.co.uk</a> Web: <a href="https://www.moorlandhall.co.uk">www.moorlandhall.co.uk</a>	Tel: 01822 810466 Fax: 01822 810661		

Director: Jo Farrington Company Number: 849881