



LLAIN ACTIVITY CENTRE

web:

www.llain.com



BIRTHDAY PARTY BOOKING FORM

(Please complete and return as soon as possible)

Name of group		Party Leader	
Address			
		Tel. No.	
		Fax No.	
Postcode		Email	
Date:			
Arrival time:		Departure time:	
No. of Participants:		No of parents : (Min 2 for under 18 yr olds)	
Age range:			
Activity Requirements			
Names of Participants + Medical Information			
Any conditions which may affect a member of your party whilst they are at Llain Activity Centre. Please include any recent injuries ie. Broken bones or dislocation of joints. Continue on a separate sheet if necessary.			
Name		Medical Information	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
Price per person	£ 12	Deposit	£
A final invoice will be issued once this form has been returned and final numbers have been confirmed. The balance is not due until you arrive at the centre.			
Other comments/special requirements			
Name		Date	

Llain Activity Centre, Llanarth, Ceredigion, Wales, SA47 0PZ.
01545 580127. enquiries@llain.com

Signed			
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