

St Madoc CYC 2008 BOOKING FORM

- Please return this form to us with your deposit and if applicable, your organisations Child Protection Policy ASAP.
- Your booking will only be secured after the deposit has been received.

The Name of your Group is:	
The Leaders full name is:	
The main contact Address is:	House name/number and street: Village: Town/City: County: Postcode:
Telephone numbers:	Main landline number: Mobile: Email Address:
Dates of booking:	
Total number of Nights:	
DEPOSIT ENCLOSED OF: <i>£40 per night of booking or £245 for a weekly booking.</i>	
Estimated total number in group:	
I HAVE READ AND ACCEPT THE BOOKING CONDITIONS OF ST MADOC CYC AND AGREE TO ABIDE BY THEM	
Your signature:	
Today's date:	

Please feel free to call if you have any questions or if we can assist you in anyway.

THANK YOU for your booking!