

Activity Day Booking Form

Please check availability by contacting the Centre office.
Then to make a booking complete this form and return with the deposit to:
The Horstead Centre, Rectory Road, Norwich, Norfolk NR12 7EP
t: 01603 737215 e: horstead.centre@norwich.anglican.org
www.horsteadcentre.org.uk

Registered Charity Number: 303986
VAT Number 282 0458 63

Horstead Centre

Important – Please Note:

- We require a £25 deposit to confirm your booking and this form completed in full in CAPITAL letters.
- Provisional bookings are held for 14 days.
- The deposit will be deducted from the final balance shown on your invoice.

Group Details

Name of leader: _____

Name of group: _____

No. of adults/leaders: _____ No. in group: _____ Age range: _____

Address: _____

 _____ Postcode: _____

Contact name: _____

Tel: _____ Fax: _____

Mobile: _____ Email _____

Date required: _____ Please Note: Activity days run from 10.00 until 16.00

Experience Objectives

Please indicate any particular learning objectives you wish to fulfil whilst on your visit.

Teamwork	<input type="checkbox"/>	Decision Making	<input type="checkbox"/>	Enjoy and Achieve	<input type="checkbox"/>
Long Term Skill Development	<input type="checkbox"/>	Be Healthy	<input type="checkbox"/>	Confidence Building	<input type="checkbox"/>
Communication	<input type="checkbox"/>				

Any not stated above: _____

Activities

Please tick the activities you would like your group to take part in (choose up to four):

River Bure Canoeing	<input type="checkbox"/>	Jacob's Ladder	<input type="checkbox"/>	Spinney Night Line Trail	<input type="checkbox"/>
River Rafting	<input type="checkbox"/>	Low Ropes & Tunnel	<input type="checkbox"/>	Village Trail	<input type="checkbox"/>
Target Archery	<input type="checkbox"/>	Team Challenge	<input type="checkbox"/>	Circus Skills	<input type="checkbox"/>
Climbing Tower/Zip line	<input type="checkbox"/>	Wide Games	<input type="checkbox"/>		
Crate Stack	<input type="checkbox"/>	Bushcraft	<input type="checkbox"/>		

Please be aware that there are minimum and maximum numbers for each of our activities (full details are available on our website).

Next Steps

Please read our cancellation policy and payment terms before signing, dating and returning this form to us.

Please note that medical and consent forms, available on our website, must be completed and returned to us before you arrive. If you have any questions about your visit, our staff will be very happy to help you.

Cancellation Policy

Cancellation fees are based upon the number of people you declare on this form or our minimum number, whichever is the greater.

Low season (Nov–Feb inc):	Minimum number 12 people
Mid season (Mar-Apr inc & Sept-Oct inc)	Minimum number 24 people
High Season (May-Aug inc)	Minimum number 24 people

In all cases, your deposit, due within two weeks of making a provisional booking, is strictly non-returnable.

Cancellation fees:

Within 12 weeks of date of arrival	25% of the full fee
Within 6-12 weeks of date of arrival	50% of the full fee
Within 6 weeks of the date of arrival	FULL FEE

Payment Terms

You will be invoiced for the number of people declared on your booking form or the number of people you bring whichever is the greater.

Our full terms and conditions, including any additional charges which may be payable, are available on our website.

You will be invoiced on the date of your departure. Invoices are due on presentation unless we have agreed otherwise with you in advance. We currently accept payment by cheques, cash or BACS.

From time to time we may contact our customers with information about the Horstead Centre and special offers. Please tick this box if you do not want us to retain your details for marketing purposes.

Other Information

Is there anything else we need to know about your group?

I have enclosed a non-returnable deposit of £25.

I accept the terms and conditions of booking as set out on your website including the cancellation policy.

I have read your statement of risk management and the risk summary as set out on your website

Please tick boxes to acknowledge

Signed: _____.

Name: _____ **Date:** _____.