Booking Form



| Organisation Name |
|--|
| Address |
| Contact Person |
| Telephone No Mobile No |
| E.mail address |
| Dates Required |
| Day of Arrival Time Meals : Breakfast / Lunch / Dinner |
| Day of Departure |
| Group Size Age Female Male |
| Supervisor Number Female Male |
| Transport Required Pick Up Point Dietary Requirements |
| Disability / Previous injury |
| The above is in the interest of safety and does not stop persons participating in activity. |
| Undertaking : If this application is accepted, my group will abide by the regulations and directives of Mayo Sligo Leitrim Education and Training Board. |
| Signed: Position |
| I enclose a deposit, being 20% of the total course cost and I will forward the balance four weeks prior to commencement of course. All cheques made payable to Mayo, Sligo, Leitrim E.T.B. |
| Departies will not be refunded for concellations received within four weeks of proposed course. |

Deposits will not be refunded for cancellations received within four weeks of proposed course. Booking not accepted until deposit and completed booking forms are received.

| FOR OFFICE USE ONLY | | |
|---------------------|-----------|------------|
| Deposit Recd | Date Recd | Receipt No |
| Balance Recd | Date Recd | Receipt No |

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