

## GROUP BOOKING FORM

NAME OF GROUP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ MOBILE: \_\_\_\_\_

TEL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

NUMBER OF PARTICIPANTS:      MALE \_\_\_\_\_ FEMALE: \_\_\_\_\_ TOTAL: \_\_\_\_\_

NUMBER OF LEADERS:          MALE \_\_\_\_\_ FEMALE: \_\_\_\_\_ TOTAL: \_\_\_\_\_

AGE OF GROUP: \_\_\_\_\_ DAY GROUPS ONLY: LUNCH YES  NO

DOES ANY MEMBER OF YOUR GROUP HAVE A ... (please tick)

SPECIAL NEED       MEDICAL CONDITION       INJURY       BEHAVIOURAL ISSUE

THAT MAY AFFECT THEIR PARTICIPATION OR THE SAFETY OF OTHERS ON AN OUTDOOR EDUCATION COURSE?  
DETAILS:

IF YOU ARE IN ANY DOUBT ABOUT FITNESS TO PARTICIPATE WE RECOMMEND YOU CONSULT WITH A  
MEDICAL PRACTITIONER.

SPECIAL DIETARY REQUIREMENTS:

\_\_\_\_\_

WHERE DID YOU HEAR ABOUT BALTINGLASS OETC:

**PLEASE NOTE BOOKING CONDITIONS:**

1. Bookings can only be confirmed on receipt of the appropriate deposit and signed booking form. All payments are non – refundable.
2. Final group numbers must be confirmed by email or telephone at least 15 days in advance of arrival date. The final fees for your group will be based on the numbers we have been advised of as 15 days prior to arrival date.
3. Group leaders must inform Baltinglass OETC of any information relevant to the safety of their group. This includes any illness, injury, special needs or behavioural difficulties.
4. Group leaders are responsible for monitoring use of mobile phones & devices. Photos / videos are not permitted in dormitories, changing areas or toilets.
5. Baltinglass OETC is not responsible for loss/damage of student's personal belongings.

**Safety & Permissions:**

6. I confirm I have received full Parental/ Guardian Permission for all members of the group under 18 years to participate in the range of activities at Baltinglass Outdoor Education & Training Centre.
7. I confirm I have sought all relevant information in relation to medical issues & fitness to participate for each member of the group and that I will pass on any relevant information to Baltinglass OETC.
8. I understand that participants with current or recent injuries, medical conditions or who are pregnant may not be able to participate in activities. Doctor clearance should be sought where appropriate.
9. I agree that Baltinglass OETC may take photos/video footage of group activities and that these images maybe used on the Centre website, facebook page, brochures and other media. We will never identify children in images used. Yes  No

I enclose a non-refundable deposit of €\_\_\_\_\_

**Cheque's etc. to be made payable to Kildare & Wicklow E.T.B. Payment direct to our bank: BOI, South Main Street, Naas, Co. Kildare. IBAN:IE87 BOFI 9012 3910 0349 84 BIC: BOFIE2D, Quote Reference Baltinglass OETC**

Payment of deposit or signed booking form will be regarded to be evidence of acceptance and consent to the above booking conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ENSURE YOU COMPLETE ALL SECTIONS AND TICK BOXES TO CONFIRM YOUR BOOKING.**