



## DULVERTON RESIDENTIAL CENTRE BOOKING FORM

Form to be returned to Dulverton Residential Centre, 6 High Street, Dulverton, TA22 9HB

Name of Organisation:.....

Contact person:.....

Email:..... Telephone:.....

Address:.....

Date of arrival:..... Time of arrival.....

Date of departure..... Time of departure.....

Person in charge during stay..... Mobile.....

Contact details of a responsible person **not** travelling with the group. The Dulverton Residential Manager will contact them in the event of a serious emergency arising during a visit.

Contact person:..... Telephone:.....

**Approx numbers:**    **staff/25+**                      **u25**                      **u18**                      **u11**                      **Total.....**

**Male.....**    **Female.....**

### All groups:

- I confirm that as leader of this group I will be sleeping in the Centre
- I have read the terms and conditions of use and agree to abide by them
- I agree to be responsible for the payment of the account before departure

**Signature.....**

**Date.....**

### For groups with young people under 18 years:

I confirm that all adults accompanying this group are familiar with Child Protection procedures and understand their responsibility for the safeguarding of all children and young people. (NB The leader would normally be CRB checked. ) This form should be countersigned by a responsible person **other than the leader**: for example, Parish Priest, Headteacher, DYO, GSL, et al.

Print Name.....

Signature.....

Position.....

Telephone.....