

CARNFUNNOCK COUNTRY PARK ■ GROUP BOOKING FORM

Date of Visit:	_____
Time of Visit:	_____ to _____
Contact Person:	_____
Name of Group:	_____
Address:	_____ _____
Contact No (s):	(Home) _____ (Work) _____ (Mobile) _____ (Email) _____

Onsite Contact:	(Name) _____ (Mobile) _____
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Party Numbers:	No. of Adults / Leaders <input type="checkbox"/>	No. of Children <input type="checkbox"/>
	Are all supervising adults appropriately vetted? YES / NO (Please circle)	

Attraction / Activity Required: <small>* Please contact private operators directly to book and discuss group rates.</small>	Family Fun Zone * i.e. mini golf, WOW balls, miniature railway, bouncy castle, remote control boats/trucks etc. <input type="checkbox"/>	Activity Centre area i.e. playground, putting, outdoor games. <input type="checkbox"/>
	Orienteering / Maze KS 1 & 2 / Maths Trail / Treasure Hunt (Circle) <input type="checkbox"/>	Golf Driving Range <input type="checkbox"/>
	Face Painting & Glitter Tattoos * <input type="checkbox"/>	Other <input style="width: 100px;" type="text"/>

Catering Requirements:	Covered BBQ @ Activity Centre <input type="checkbox"/>	No. of grids
	Covered BBQ @ Games Field <input type="checkbox"/>	No. of grids
	Permanent / Mobile BBQ <input type="checkbox"/>	Location:
	VC Cafe or AC Snack Stop * (Please circle) <input type="checkbox"/>	Please contact operator directly to book and discuss group rates.
Time Required: From: To:		

Parking Arrangements: <small>(See price list)</small>	Will vehicles be parking in Carnfunnock? (Please circle) Yes / No / Not Sure
	No. of cars <input type="checkbox"/> Please note: Group parking rate applies only if there are 12 or more paying cars.
	No. of mini buses <input type="checkbox"/> No. of coaches <input type="checkbox"/>

Special Requests: e.g. Staff assistance, equipment.	_____
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I hereby agree to take responsibility for the behaviour of all members of the group and will ensure that children are supervised at all times and will comply with details outlined within the Carnfunnock Country Park group information leaflet and child protection code of practice.

Signed: _____ **Date:** _____

√ this box if you do not wish us to issue your details to private operators within Carnfunnock Country Park.

FOR OFFICE USE ONLY (Staple payment receipts to this form)	
Provisional booking carried out by: _____	Date: _____
Customer booking form received by: _____	Date: _____
Payment of £..... received on/...../..... as payment for	