

Dunmore East Adventure Centre

Activity Booking Form

Name _____

Tel number: _____

Address: _____

Other Number: _____

Medical conditions: _____
(which may affect participation in activities)

Name of course: _____ Course Date: / / Price per participant: _____

Age of participant--

ADDITIONAL GROUP BOOKING DETAILS-

Group Name- _____

Group leaders- _____

**Age of group (if under 18) _____

Number in Group: _____

Male: _____

Female: _____

I have enclosed my non-refundable deposit of-

- INDIVIDUAL BOOKINGS €100 or 50%

- GROUP BOOKINGS €500 or 50%

Booking Conditions

1. A non refundable deposit must be paid on booking, with the balance payable no less then 2 weeks before arrival at the centre
2. If D.E.A.C. is unable to place you on a suitable course then the deposit will be returned.
3. Participants with any medical conditions, illness, injury or any medication must provide evidence that they are suitable to take part in activities. **A medical certificate is required for this purpose.**
4. **Persons partaking in water activities must be water confidant.** If unsure, please contact the centre to discuss suitability.
5. Persons must be generally physically fit to take part in all activities
6. Persons must be willing to comply with all safety regulations and carry out instructions as requested by the staff at the centre.
7. D.E.A.C. reserves the right to cancel or alter any programme as it deems necessary. In the event of cancellation an alternative programme or date can be arranged.
8. Any accident or incident must be reported to a staff member, instructor or member of DEAC management
9. All participants under the age of 18 have received parental/guardian's consent to participate and each parent or guardian has been given prior notice by the group leader/school about the upcoming DEAC event. The school/group leader need to retain evidence that they have notified parents in some way.

I HAVE READ AND UNDERSTOOD AND AGREE TO ALL OF THE ABOVE CONDITIONS.

*****Booking forms must be signed in order for a booking to be processed. In the case of underage participants booking form must be signed by Parent, Guardian, Teacher or Group Leader*****

SIGNED: _____

From time to time we may take photos/video of our activities for promotional purposes. Please tick this box if you wish to opt out

If you do not wish to receive special offers/ information/ e-zines please tick the box

Credit card Booking-

Card Holder Name: _____ Holder's Address: _____

Card Number _____ / _____

Card Type: Visa Master card Laser

Expiry- / / . Security Code _ _ _

Amount to be deducted- € _____ Signature- _____

OFFICE USE ONLY:

DEPOSIT RECEIVED AMOUNT RECEIVED: _____ DATE RCVD : / /