



# Activity Booking Form

The Harbour, Dunmore East

Co. Waterford, Ireland

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www.dunmoreadventure.com

Name: \_\_\_\_\_ Tel number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Medical conditions: \_\_\_\_\_  
*(which may affect participation in activities)*

Activity/s: \_\_\_\_\_ Course Date: / / Price per participant: \_\_\_\_\_

Activity Start Time \_\_\_\_\_ Activity Finish Time \_\_\_\_\_

## ADDITIONAL GROUP BOOKING DETAILS -

Group leaders: \_\_\_\_\_

Number in Group: \_\_\_\_\_ \*\*Age of group (if under 18) \_\_\_\_\_ 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 than 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 confident. 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: \_\_\_

OFFICE USE ONLY:

DEPOSIT RECEIVED  AMOUNT RECEIVED: \_\_\_\_\_

DATE RCVD : \_\_\_\_\_

