

Residential Booking Form Part 2

6 weeks before your visit we require this completed Part 2 Booking Form.

The Horstead Centre, Rectory Road, Norwich, Norfolk NR12 7EP

www.horsteadcentre.org.uk

Registered Charity Number: 303986

VAT Number 282 0458 63

School/Group Details

Name of leader: _____

Name of school/group: _____

Email contact for invoice: _____

Address: _____

_____. Postcode: _____

Contact name: _____

Tel: _____ Mobile: _____

Email: _____

Dates & Times

Arrival date: _____ time: _____

Departure date: _____ time: _____

Arrival/departure

For weekday bookings we ask groups to arrive after 13.00 and depart by 12.00 noon on their last day.

For weekend bookings we ask groups to arrive after 16.00 Friday and depart by 15.00 on Sunday

Group Details

Number of leaders: _____

Male: _____

Female: _____

Number of group: _____

Male: _____

Female: _____

Dietary Requirements (catered groups only):

Number of vegetarians: _____

Other (please Specify): _____

Barbecue will take place instead of a main meal for which a premium of £2 per person (including VAT) will be applied. Please indicate below if you would like us to provide a barbecue for you.

(Tick) I would like a barbecue at £2 extra per person on (date)

Our catered tariff includes a pre-ordered vegetarian option and, where possible, we will do our best to cater for other special diets within this rate.

Full board tariff includes three meals: dinner (your first meal with us), breakfast and sandwich lunch.

Lunch on your day of departure is packed to take with you.

On weekends, lunch on the second day is usually taken at the Centre.

All catering options are subject to availability.



Visitors (Day charge applies)

To enable us to maintain an accurate fire register all intended day or residential visitors *must* be declared.

Name	Residential?	Date & Time of Arrival	Date & Time of Departure	Meal Required?
	Yes/No			Yes/No
	Yes/No			Yes/No
	Yes/No			Yes/No
	Yes/No			Yes/No

Experience Objectives

We aim to meet all of your learning outside the classroom requirements and needs. Please indicate any particular learning objectives you would like to fulfil whilst on your visit.

Teamwork	<input type="checkbox"/>	Decision Making	<input type="checkbox"/>	Enjoy and Achieve	<input type="checkbox"/>
Long Term Skill Development	<input type="checkbox"/>	Be Healthy	<input type="checkbox"/>	Confidence Building	<input type="checkbox"/>
Communication	<input type="checkbox"/>	Conflict Resolution	<input type="checkbox"/>		

Any not stated above: _____

Group Activities

Please fill in the following information so that we may tailor a programme for your exact needs. We work alongside you so that you are able to get the very best out of your young people.

Please tick the activities you would like the students to take part in:

Canoeing	<input type="checkbox"/>	Tower Experience (zip)	<input type="checkbox"/>	Nightline	<input type="checkbox"/>
Canoe Paddle Journey	<input type="checkbox"/>	Climbing/Bouldering (no zip)	<input type="checkbox"/>	Village Trail	<input type="checkbox"/>
Sit on top Kayaking	<input type="checkbox"/>	Team Challenges	<input type="checkbox"/>	River Walk/Night Hike	<input type="checkbox"/>
Raft Building	<input type="checkbox"/>	Wild Camp Cooking	<input type="checkbox"/>	Self-run Bonfire	<input type="checkbox"/>
Crate Stack	<input type="checkbox"/>	Bushcraft	<input type="checkbox"/>	Centre Run Campfire	<input type="checkbox"/>
Jacobs Ladder	<input type="checkbox"/>	Environmental Art	<input type="checkbox"/>	Lounge Fire	<input type="checkbox"/>
Archery	<input type="checkbox"/>	Low Ropes & Tunnel	<input type="checkbox"/>	Use of Games Room	<input type="checkbox"/>

Souvenir Shop Required (Tick) Yes No

Next Steps

Visitor information, including accommodation details and floor-plans, are available on our website to help you plan your stay. Please note that **medical and consent forms are also available on our website and must be completed** and submitted to the Senior Instructor on your arrival. If you have any questions about your stay, our staff will be very happy to help you.

Other Information

Is there anything else we need to know about your group?

Signed: _____

Name: _____ **Date:** _____