

BOOKING SYSTEM

If you know of a young person whom you feel would benefit from the experience of ACTIVENTURE, please write to Miss Di Churchill, Head of Activenture, Hindleap Warren, Wych Cross, Nr. Forest Row, East Sussex, RH18 5JH.

A BOOKING FORM MUST BE COMPLETED TO APPLY FOR A PROVISIONAL PLACEMENT – (we are unable to accept any telephone reservations)

When a postal booking has been received and if we have sufficient places available, a Care Plan/Medical Form will be sent to you.

Only when the Booking Form and Care Plan/Medical Form have been completed, signed and returned, will the reservation be confirmed.

It is important to us that, as far as possible, all steps are taken to ensure that a young person will be happy whilst at Activenture

LONDON YOUTH RESERVE THE RIGHT NOT TO ACCEPT A BOOKING

ACTIVENTURE
PROVISIONAL HOLIDAY BOOKING FORM

Please read the accompanying Booking Conditions before signing this form.

Your signature on this form (or the signature of your parents or person having parental responsibility) confirms that Activenture will comply with certain conditions.

Please return the signed form to the Head of Activenture, Hindleap Warren, Wych Cross, East Sussex. RH18 5JH.

NAME: Activenture

ADDRESS: Hindleap Warren, Wych Cross, Nr. Forest Row, East
 Sussex. RH18 5JH

CONTACT
PERSON: Di Churchill, Head of Activenture

CONTACT TEL. NO: 01342 828215 / di@hindleap.com

NAME OF YOUNG PERSON:

ADDRESS : -----

CONTACT TELEPHONE NUMBER : -----

Mobile -----

Email

DATE OF BIRTH OF YOUNG PERSON:

DAY ----- MONTH ----- YEAR -----

AGE: ----- MALE / FEMALE

NAME AND ADDRESS OF PARENT / PERSON
EXERCISING PARENTAL RESPONSIBILITY:

HOLIDAY DESTINATION: Hindleap Warren, East Sussex.
or
Woodrow High House, Bucks.

HOLIDAY DATES:

1ST CHOICE -----

2ND CHOICE -----

3RD CHOICE -----

NUMBER OF NIGHTS AWAY: 6 Nights

TYPE OF VENUE: Outdoor Pursuits Centre

TYPE OF ROOM PROVIDED: Shared accommodation

DETAILS OF MEALS PROVIDED: Full-board

DETAILS OF SPECIAL TRIPS OR ACTIVITIES THAT
ARE INCLUDED IN THE HOLIDAY PRICE:

Excursions away from the venue and evening entertainment.

THE FULL PRICE: DATE COST

DATE BY WHICH PAYMENT MUST BE MADE:

28 DAYS PRIOR TO YOUR STAY

Before date of commencement of holiday
DISABILITY / DIAGNOSIS OF YOUNG PERSON:

DOES THE YOUNG PERSON USE A WHEELCHAIR? YES / NO

IS THE YOUNG PERSON FULLY MOBILE? YES / NO

SPECIAL ARRANGEMENTS TO BE MADE IN ORDER
TO MEET THE NEEDS OF THE YOUNG PERSON
(i.e. personal assistance, medical arrangements):

SIGNATURE OF YOUNG PERSON (if appropriate):

Please note that it is the responsibility of parents/carers to ensure that the operating methods of Activenture, including the level of supervision provided is acceptable to meet the needs of the young persons attending an Activenture week

Information provided on the medical form will not be shared outside Activenture except in the case of medical emergency

SIGNATURE OF PERSON NAMED AS PARENT /
PERSON HAVING PARENTAL RESPONSIBILITY:

PLEASE PRINT: -----

DATE: -----