



Adur Outdoor Activities Centre

Manager: Adam Tucknott

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Office use only:

Ref: _____

Issue Date:

GROUP BOOKING FORM (including residential)

**Must be filled in!*

ORGANISER'S NAME*:

ORGANISATION NAME:

ADDRESS*:

(To be used for Corresponding i.e. Invoicing etc)

POSTCODE*:

EMAIL:

TEL. No. (day)*:

(eve):

MOBILE:

Best time(s) for contact:

ICE*

(In Case of Emergency Contact):

<u>ACTIVITIES / FACILITIES REQUIRED*</u> :	<u>DATES*</u> :	<u>TIMES*</u> :	<u>Price:</u>

GROUP INFORMATION

Total No of Participants*:
(Male & Female)

BACKGROUND (ie. special needs/behavioural issues etc needing consideration for the staffing & running of the session):

Age group	Number of people	
	Male	Female
8yrs		
9-10yrs		
11-12yrs		
13-15yrs		
15-19yrs		
19-25yrs		
25+ yrs		
STAFF		

CURRENT ACADEMIC COURSE (if applicable):

COMPETENT ASSISTANT for CLIMBING (where applicable)

NAME:

Assistant must have belaying experience and have climbed/assisted many times previously or belayed within the last 2 months.

Signed:

Do you confirm these conditions: YES / NO

Date:

SPECIAL ARRANGEMENTS REQUIRED (continued overleaf if necessary):

Deposit Paid? Confirmed by senior Invoice Sent Confirmation email sent? Full amount Paid?

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GROUP MEDICAL & OTHER RELEVANT INFORMATION

Please enter all medical conditions, medicines taken (including inhalers), and details of individuals' abilities (including Staff if participating) that may affect the safety or the organisation of the activities

First Name	Last Name	Date of Birth	Medical Information	Other Relevant Info
1.		/ /		
2.		/ /		
3.		/ /		
4.		/ /		
5.		/ /		
6.		/ /		
7.		/ /		
8.		/ /		
9.		/ /		
10.		/ /		
11.		/ /		
12.		/ /		
13.		/ /		
14.		/ /		
15.		/ /		

YOUTH / SCHOOL / COLLEGE GROUP ACTIVITIES PLANNING SHEET

BKG. REF. No.

Completing this sheet is optional, but it may help us to better achieve your aims & objectives for your group in participating in these activities. Please fax, post or email to the Centre with your booking form.

FOR OFFICE USE ONLY

DATE:	GROUP / ORGANISATION:	LEADER / TEACHER:
TIME:		

ACTIVITY <small>(Please state which activity undertaken)</small>	AIMS & OBJECTIVES FOR THE SESSION		
	Areas of social & personal development	Tick those that apply	Comments
	Take responsibility, co-operate with others and work effectively as a team		
	Engage in planning, decision-making and application of problem-solving skills		
	Leadership: Take the initiative and lead & motivate others during an activity		
	Assessment and management of risk to self, other participants & equipment		
	Increased environmental awareness		
	Develop interpersonal & communication skills		
	Personal motivation. Willingness to participate & show a flexible approach & commitment		
	Review & assessment of session		
	Other areas of development		