



Kilfinane, Co. Limerick
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GROUP BOOKING FORM

NAME OF GROUP:

ADDRESS:

CONTACT PERSON:

MOBILE:

TEL:

EMAIL:

ARRIVAL DATE:

ARRIVAL TIME:

DEPARTURE DATE:

DEPARTURE TIME:

COURSE TITLE:

NUMBER OF PARTICIPANTS:

MALE:

FEMALE:

TOTAL:

NUMBER OF LEADERS:

MALE

FEMALE:

TOTAL:

AGE OF GROUP:

DAY GROUPS ONLY:

LUNCH

YES

NO

RESIDENTIAL SCHOOL/ YOUTH GROUPS NEED TO BRING SLEEPING BAG. BED LINED PROVIDED FOR TEACHERS/ LEADERS

DOES ANY MEMBER OF YOUR GROUP HAVE A ... (please circle)

SPECIAL NEED / MEDICAL CONDITION / INJURY / BEHAVIOURAL ISSUE

THAT MAY AFFECT THEIR PARTICIPATION OR THE SAFETY OF OTHERS ON AN OUTDOOR EDUCATION COURSE?

DETAILS:

IF YOU ARE IN ANY DOUBT ABOUT FITNESS TO PARTICIPATE WE RECOMMEND YOU CONSULT WITH A MEDICAL PRACTITIONER.

SPECIAL DIETARY REQUIREMENTS:

WHERE DID YOU HEAR ABOUT KILFINANE OETC:

Please turn over

PLEASE NOTE BOOKING CONDITIONS:

1. Bookings can only be confirmed on receipt of the appropriate deposit and signed booking form. All payments are non-refundable.
2. Final group numbers must be confirmed by email or phone at least 15 days in advance of arrival date. The final fees for your group will be based on the numbers we have been advised of as of 15 days prior to arrival date.
3. Group leaders must inform Kilfinane OETC of any information relevant to the safety of their group. This includes any illness, injury, special needs or behavioural difficulties.
4. Group leaders are responsible for monitoring use of mobile phones & devices. Photos/ videos are not permitted in dormitories, changing areas or toilets. Individuals are responsible for their own devices and we recommend they are not brought on activities.

Safety & Permissions:

5. I confirm I have received full Parental/ Guardian Permission for all members of the group under 18 years to participate in the range of activities at Kilfinane Outdoor Education & Training Centre.
6. I confirm I have sought all relevant information in relation to medical issues & fitness to participate for each member of the group and that I will pass on any relevant information to Kilfinane OETC.
7. I understand that participants with current or recent injuries, medical conditions or who are pregnant may not be able to participate in activities. Doctor clearance should be sought where appropriate.
8. I agree that Kilfinane OETC may take photos/ video footage of group activities and that these images may be used on the Centre website, facebook page, brochures and other media. We will never identify children in images used. Yes No
9. We would like to contact you about our courses and special offers via email, text or post. If you agree please tick here

I enclose a non-refundable deposit of €

PLEASE MAKE CHEQUES PAYABLE TO ' LIMERICK & CLARE ETB'. Payment made be made by cheque, bank transfer or direct lodgement to our account. We are unable to accept cash for group bookings. Please contact us for our bank account details.

Payment of deposit or signed booking form will be regarded to be evidence of acceptance and consent to the above booking conditions.

Signature:

Date :

PLEASE ENSURE YOU COMPLETE ALL SECTIONS AND TICK BOXES TO CONFIRM YOUR BOOKING.