





## PLEASE COMPLETE THIS FORM AND EMAIL TO info@arthog.co.uk

Name of Sc	-										
	llege /										
Organis											
Address:								Pos	t Code:		
									Email:		
								Tele	phone:		
Your Key Sta	aff Info	ormati	on:								
Name of Course Organiser:								Jo	b Title:		
(Primary Booking Contact)		Email:						Telephone:			
Name of Course								Job Title:			
		Emaile		[]				Telephone			
Name of Financial		Email:		L				Telephone:			
Officer:								Jo	b Title:		
(For financial admin)		Ema	il:					Tele	phone:		
FINANCE Telford & Wrekin Schools on		s only		ull budget co ournal transf							
Number of Places Requested:											
Please refer to th		-		-	nitting yo	our anticip	oated numbe	rs belo	w.		
NB: each staff me	ember ab	pove the r	atio f	or overnight	accomm	odation 1	:10 will be ch	narged	half fee u	nless oth	nerwise agreed.
Academic Year	cademic Year <u>Age Range:</u>			Boys Girls Male S			<u>Male Sta</u>	aff Female Staff			Extra Adults
Your Preferred Booking Dates: Please refer to the Arthog Fees 2024-26 for price information. There are several residential options available. Please tick your											
		low, and enter your preferred dates. A member of the						-	1	-	
		Mon-Wed (2x nights	-	Weds – Fri (2x nights)		Fri – Sun (2x nights)		Fri – Mon (3x nights)			Other
(47,116,113) (2				(		()		(		,	
					Prefer	red Dates	;				
1 <sup>st</sup> Choice: (day/month/year) 2 <sup>nd</sup> Choice: (day/mo								nth/ye	ar)		
DD		ММ		YY		DD		MM			YY
Any additional information relevant to your booking:											
By signing below, I understand and confirm that the school/organisation that I represent have read and											
accept the Terms and Conditions. I accept that this booking form, with the Booking Confirmation, is a legally binding contract, and any cancellations will be subject to the cancellation policy.											
legally binding	g contra	act, and	any	cancellatio	ons will	be subj	ect to the	cance	llation p	olicy.	
Name:						Signatu	re:				
Date:											
Butc.						Positior	n:				

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