

# *tweekends*

Beaumanor Hall, Leicestershire

April 7th-9th 2017

www.tweekends.org

Name of Person Booking \*

First Name

Last Name

Email Address \*

Information to confirm places will be sent out by email

Telephone \*

Address Line 1 \*

Address Line 2

City

County

Postcode \*

Dietary Requirements of Person Booking

Please let us know of any special dietary requirements you have

Name of 2nd Person

First Name

Last Name

Age if Under 18

**Dietary Requirements**

Please let us know of any special dietary requirements for the 2nd person

Name of 3rd Person

First Name

Last Name

Age if Under 18

**Dietary Requirements**

Please let us know of any special dietary requirements for the 3rd person

Name of 4th Person

First Name

Last Name

Age if Under 18

Name of 5th Person

First Name

Last Name

Age if Under 18

**Dietary Requirements**

Please let us know of any special dietary requirements for the 5th person

**Any other Information**

Please tell us about any other requirements not covered above.

**If your child(ren) will be attending without their parents please sign the declaration below.**

I hereby consent to John and Gudrun Middleditch acting in *loco parentis* on my behalf, for the child(ren) named above, from 7th - 9<sup>th</sup> April 2017 and authorise them specifically to be able to consent to any emergency medical treatment necessary.

Signed..... Date.....

**Please enclose / attach £20 deposit per person**