



Ancient Technology Centre Gold Residential Booking Form

Name		☐ Male ☐ Female
Email		
Address and post code (pres	s Ctl ? for separate lines)	
Day time Tel No		
Day time refres		
Date of Birth	Age at time of course	
DofE Licensed Organisation Note: To comply with DofE Resider accepted on the course	(e.g. Dorset Council) tial criteria a maximum of 2 participants	from any one DofE Unit will be
DofE Unit	eDofE number (if applicable)	
be aware of. It is essential th	dietary requirements or medica nat all medical information is fully s, dyslexia etc, to enable staff to s	disclosed, and any other
	eposit of £100 to secure the book ne on the following link. https://wees	
Signature	Date C	lick or tap to enter a date.
Name: Parent/Guardian NAME & signatu	ure (if under 18)	

Please return this form with deposit check or confirmation deposit paid online to:

The Ancient Technology Centre, Damerham Road, Cranborne, Dorset BH21 5RP

The Ancient Technology Centre reserves the right to cancel the course and in this instance all monies will be refunded.