

## Dragon Adventures Booking form

Customer infor	mation				
Name:		Phone No:			
Email:					
Address:					
Invoice email ad (if different to above)	ldress:				
Event information	ion (please	fill in event contact i.e. the perso	on attending on the day)		
Type of event:	Day	Weekend	Half Day	Other	
Date(s):			Contact no:		
Event contact:			Event email:		
	)				
No of participants:			Age range:		
Any information medical informa		Drs should know - al page if necessary):	allergies, special	needs,	, relevant
<u>Fees</u>					
Event price: (prices as per our webs	£ site unless other	wise agreed in advance)			
Deposit: (25%)	£		Balance:	£	
Payment can be made by BACS: Dragon Adventures,Sort code: 23-69-72Account: 15189818Please email this form to <a href="mailto:bookings@dragonadventures.co.uk">bookings@dragonadventures.co.uk</a> Account: 15189818Please see full terms and conditions, by returning this form you agreeing to our terms and conditions.Account: 15189818					
Office use only: Boo	oking ref:		Deposit:		Balance: