

**SDCS Coach trip**

**Booking form**

**Please list the names of the people attending the trip.**

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| **Name** | **Adult/Child (Children are age 16 and under)** | | |
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|  | **Total adults** |  | **£5 each** |
| **Additional children** |  | **£5 each** |
|  | **Total to pay** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Parent/Guardians name:** |  | | **Contact telephone number:** |  | | **Emergency contact telephone number:** |  | |  |

**Terms and Conditions**

* You are agreeing to attend the coach trip on 26th August 2017
* Please arrive at least 15 minutes early for departure and return
* We will be leaving The Spires promptly at 7.30am and returning promptly at 4.30pm
* **WE WILL NOT WAIT FOR ANYONE ARRIVING LATE**
* Adults are £5 each. Deaf/Hearing impaired children are free and one sibling is free. If you have chosen to bring additional siblings. We are asking for a £5 contribution each.
* We will require payment for your place at the time of booking. This can be done by card payment on our website www.sheffielddeafchildrenssociety.co.uk
* If you cancel or do not attend refunds will not be given.
* Parents/guardians must stay for the duration. Children are the responsibility of their parents/guardians at all times. They must be supervised at all times.

**If you agree to these terms please sign and date below (This can be typed in) then return to:** [**sheffielddeafchildrenssociety@gmail.com**](mailto:sheffielddeafchildrenssociety@gmail.com) **Signed:  
Date:**