GRAFHAM WATER CENTRE

SCHOOLS/YOUTH GROUPS RESIDENTIAL VISITS

FINAL DETAILS FORM

Please return this for AT LEAST FOUR WEEKS before the start date of your school's visit to:

Grafham Water Centre, Perry, Huntingdon, CAMBS, PE28 0GW

| School/Group Name: | |
|--|---------------------------|
| Date of completion of form: | |
| Year Group: | |
| Visit Leader: | Visit Dates: |
| Number of Pupils: | Number of Leaders: |
| We are aware that lunches are NOT provided for on our 1st day. \Box | |
| Please confirm if you are arriving Via Coach | or Parent drop off ☐ |
| Do we have permission to use images for our printed and online Publicity Yes No [| |
| Please summarise here details of special dietary requirements and any medical information we should be aware of. It will be helpful to have telephone numbers and medical information with you on the journeys to and from the Centre. | |
| ANY PERSONAL INFORMATION WILL BE S | HREDDED AFTER YOUR VISIT. |
| Special Dietary Requirements – e.g. 2 x vegetarians PLEASE DO NOT ADD NAMES BUT DO REMEMBER TO INCLUDE ANY TEACHER/ADULT REQUIREMENTS | |
| Are there any disabilities or medical conditions of which the Centre should be aware? Are there any students for whom special emergency evacuation procedures exist? No names are required at this stage; Course Directors can be informed of these on arrival if necessary: | |
| Official visitors expected and meals required for | or them: |

Your completed 'Bed Plan' should be returned with this form PLEASE RETURN THIS FORM AT LEAST FOUR WEEKS BEFORE START OF VISIT