 **GROUP** **BOOKING FORM**

It is essential that you contact us to confirm your required date is available

Name of Organisation or Group:……………………………………………………………………………….

Contact Name: …………………..………………………………………………………………………………

Address: ………………………………………………………………………………………………………….

……………………..……………………….. …………………………………….………………………………

Telephone: …………...……..……..…………. Email: ……………………………………………………….

Visit Date: ………………………………………………………………………….

Number of Adults: …………………

Number of Children:……………………………..…………Ages: …….………………………….

Arrival time: ………….……………………………… Departure time: ………………………………….…..

Special needs or requirements: …………………………………………………………………………………

***Organiser’s signature:…………………………………..……………… Date: ……………………………***

Please allow approximately 2 hours for your visit. Please inform us if you are running late on your visit day.

Cost: Adults £5 per head. Children £3 per head (cheque/cash on day of visit only)