**BOOKING FORM FOR GROUPS**

Name of Group ………………………...……………………………………………………..……

**Contact** Name ………………………...…………………………………………………..…...

Address ………………………………...………………………………………………….…

Postcode ……………………….…….

Tel No. …………………………………………………………….……………………...…..

Email ……………………………………………………………..……………………...…...

*Please consult with Carolyn, regarding dates and times for a group booking.*

Date/s of Visit …………………………………………………………..……………..………

Arrival Time ……………………………………………Start Time ……..………………...…….

Departure Time ………………………………………………………….………..…………..

Number in group …...……………………………….………………………………………...

**Please provide names and special needs/dietary requirements one month before arrival (forms attached)**

***Please tick which of the following options you would like:***

Coffee/tea on arrival \_\_\_\_ 11am coffee/tea & home-made biscuits \_\_\_\_

1pm Lunch \_\_\_\_ 3.30pm tea/coffee & home-made cake \_\_\_

**For Residential Stays**:

Breakfast is served between 8.00 and 9.30am, our evening meal is at 6.00pm (the main meal on Sunday is at 1pm)

Please return this form with a non-returnable deposit of £100, cheques payable to **Holy Rood House**.

The balance is due one month before arrival at which point we need

* Confirmation of names, dietary requirements and any other special needs of group members.
* The **bedroom** **allocation form** is attached and also needs returning one month before your event.

For any enquiries please contact Carolyn. Thank you for your booking!

**Cancellation Policy for Group Bookings;**

1. Cancellation of booking 4 weeks’ prior to start date requires payment of half of full costs.
2. Cancellation of booking 3 weeks’ prior to start date (or sooner) requires payment of full costs.
3. If individuals in the group cancel in the week leading up to the start date, half the cost is expected.
4. If individuals in the group cancel on the start date itself the full cost is expected.

**Name of Group** ……………………………………………..

**Date(s) of Event** …………………………………………………………………………...

**Co-ordinator/Contact Details** …………………………………………………………….

|  |  |  |
| --- | --- | --- |
| **Delegate Name** | **Dietary Requirements** | **Other Special Needs** |
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**Please return this completed form one month before your arrival**

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| --- | --- | --- |
| **1st FLOOR**  **(Room number / name)** | **TYPE of room** | **GUEST(S) NAME** |
| 1. JOY | SINGLE |  |
| 2. ADVENTURE | SINGLE ENSUITE |  |
| 3. WISDOM | SINGLE ENSUITE |  |
| 4. ABUNDANCE | SINGLE ENSUITE |  |
| 5. SIMPLICITY | SINGLE |  |
| 6. TENDERNESS | TWIN ENSUITE |  |
|  |  |  |
| **2nd FLOOR** |  |  |
| 7. FREEDOM | SINGLE |  |
| 8. GRACE | SINGLE ENSUITE |  |
| 9. STRENGTH | SINGLE |  |
| 10. COMPASSION | DOUBLE ENSUITE |  |
| 11. PEACE | SINGLE |  |
| 12. HARMONY | TWIN ENSUITE |  |
| 13. CREATIVITY | SINGLE |  |
| 14. LOVE | TWIN |  |
|  |  |  |
| **GROUND FLOOR** |  |  |
| 15. KINDNESS | TWIN ENSUITE  Fully accessible:  2 rooms with wet room |  |

**All** bedrooms have their own washbasin

**First floor** has a toilet, bath & shower room**,** down a few steps

**Second floor** has a separate toilet, and a toilet & shower room