

BOOKING FORM

PERSONAL DETAILS		
Name:		
Address:		
Phone:	Email:	
On Facebook:	Yes	No
Facebook Name: (As above or other)	<input type="checkbox"/>	<input type="checkbox"/>
Allergies:		
Medical Conditions:*		
Medication:*		
(*Please note that medical information will be treated in the strictest of confidence and is required only in the event of an emergency)		
Special Dietary Requirements:		
NEXT OF KIN		
Name:		
Address:		
BOOKING AND PAYMENT SELECTION		
Full Weekend:	<input type="checkbox"/> Single Room	<input type="checkbox"/> Twin Room (state person sharing room with you)
<input type="checkbox"/> Saturday & Sunday (no accomodation)	<input type="checkbox"/> Saturday only (no accomodation)	<input type="checkbox"/> Sunday only (no accomodation)
Payment Option:	1 <input type="checkbox"/> (full payment)	2 <input type="checkbox"/> (payment scheme)
Payment Method:	bank transfer only	
I will be attending with: (table allocation purpose only and not guaranteed)*		
1.		
2.		
3.		
*By adding these names it does not guarantee all named persons will be booked on the event - bookings are taken on a first come, first served basis.		
I have read and understood the terms and conditions as found on the attached document, and fully understand that my booking is not final until full payment for the event is received, along with a completed and signed booking form by Birds of a Feather.		
SIGNED:		DATE:
Electronic return by email of this form is deemed to be the same as a physical signature.		
Return the booking forms to: bookings@birdsof Feather.uk.com and state in the subject line of your email 'November 2017 Retreat'		