

Clober Farm Booking Form - 2017

Name:

Address:

City/Town:

Postcode:

Phone:

Mobile:

Email:

Is there a person with a spinal injury/condition or a wheelchair user in your group?

YES

NO

Is any member of your group an SIS member?

YES

NO

Arrival

Date:

Departure

Date:

How many rooms do you require?

How many adults are in your group?

How many children are in your group? Please provide their ages.

Have you, or any member of your group, stayed at Clober Farm before?

YES

NO

Are you bringing any pets?

YES

NO

If so, please give details.

Any additional requirement?