

## GROUP VISIT - BOOKING FORM 2021

## **GROUP ORGANISER – Contact details**

Contact Name:					
	Title First Name		Surname		
GROUP NAME:	:				
Address:					
	Street				
	City	County		Post Code	
	,	,			
Phone:		Email:			
	T – please choose	a nackado: 1 or 2			
GROUP VISI	n – please choose	a package. TOTZ			
DATE OF VISIT:		Arrival T	ime:	Departure Time:	
Arriving by:					
(e.g. Coach, Train)		Number in gr	oup:(approx.)		
Package 1:	No. of Adults:	No. of 60+:	No. of Children:	No. of Carers:	
Discounted					
admission	@ £12.00	@ £10.00	(age 4-16) @ £6.00		
	Total £	Total:	Total £	<u> </u>	Free
Package 2:	No. of Adults:	No. of 60+:	No. of Children:	No. of Carers:	
Discounted					
admission plus cake and					
hot drink	@ £17.00	@ £15.00	(age 4-16) @ £9.00		
	Total £	Total:	Total £		Free
			BOOK	ING TOTAL £	
OFFICE US	E				
Bookings Log	] Office Diary 🗌	Café D Ticket office/SI	ор 🛄	Group conf.	

## SPECIAL REQUIREMENTS

Please let us know if your group has any special requirements – e.g. wheelchair access for our train, dietary needs etc.

## **BOOKING SIGNATURE and CONFIRMATION**

I would like to confirm the booking as shown overleaf.

I have read and agree to the museum's terms and conditions for group bookings, and terms of payment.

(Note: Full payment is usually made upon entry).

- On arrival at the museum.
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- OR prepayment by invoice\*
- OR payment on a/c via BACS

Signature:

Date:

Amberley Museum will only use your information provided for the legitimate interest of a group visit to our museum.

If you would like to be added to our marketing mailing list, please tick this box below.

Amberley Museum does not share any data with third parties.

This is covered by the museum's privacy policy, available on our website <u>www.amberleymuseum.co.uk</u>.

I give the consent for the details provided on this form to be used for purposes of museum business only.