

Group booking form minimum 20 people



Name of group

.....

- | | |
|--|--------------|
| <input type="radio"/> Adults | Number |
| <input type="radio"/> Children • Age | Number |
| <input type="radio"/> Students | Number |
| <input type="radio"/> People with reduced mobility | Number |
| <input type="radio"/> Seniors | Number |

Address

Postcode Place

Tel Fax E-mail

Name and capacity of person making booking

.....

Address

Postcode Place

Tel Fax E-mail

Desired date of visit / /

Visit timetable

I would like to be accompanied by a guide : yes no

Date and signature

Unless alternative arrangements are made, visits must be paid for at reception on the date of the visit.

This form should be returned by fax on 04/364 20 21.