

Name of Group:

Type and purpose of Group (eg youth, school, community, religious denomination)

Has your group used the Moyallon Centre before? Yes/No

Name of Group Leader:

Address:

Post Code:

Phone Number (please indicate day/eve):

Mobile (contact number during stay)

Email:

Estimated Number of Participants

Male _____ Female _____ Total _____

Accompanying Staff/Leaders

Male _____ Female _____ Total _____

Number of participants under 18 years of age (if applicable) ____

Does your group require bedding? Yes/No

Does your group have any special access requirements (eg use of lift) Yes/No

Booking Details

Date of Arrival: _____ Time: _____

Date of Departure: _____ Time: _____

Signature of Group Leader:

Date:

Please return completed form and deposit of £200 within **2 weeks** of initial enquiry to confirm booking or your booking will be considered null and void.

Moyallon Centre, 117 Stramore Road, Portadown, Co Armagh, BT63 5JZ
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