

## **Group Booking Form**

Day / Residential*	Arrival: Date:	Year:	Time	
	Departure Date:	Year	Time	
Day group bookings	are normally from 9.30am to 4pm	, unless agreed otherwise		
Group Size:	•••••			
Deposit: £	A non-returnable dep of booking. Please m	osit of 10% of the total cost ake cheques payable to 'Lla		
Are you willing to sl	hare the House: Yes/No* (If No	O a minimum charge for 16	people will be made)	
<b>Equipment availabl</b> OHP &	e - please indicate: Screen - Flipchart & pens - DV	D player - CD player - D	ata Projector	
Cancellation Fees:	These are charged on all cancelled bookings (full or partial) and are based on the numbers given on this form or revised numbers subsequently advised in writing.			
Fless than 3 months' notice 75%		75% 100%	100%	
I confirm that I hav	re read and understood the term	s and conditions detailed o	on this booking form.	
Signed:		Date:		
Name: (please print)				
Address:				
	Postcode:			
Telephone:	En	nail:		
Special needs: eg foo	od/vegetarians, or mobility			
*Please delete as app	propriate			

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