

Individual Booking Form

Title of Retreat (as	applicable)			••••••
Day / Residential*	Arrival: 1	Date:	Year:	Time
	Departur	e Date:	Year	Time
Day group bookings	are normall	y from 9.30am to 4pm,	inless agreed otherwise	
Deposit: £	•••••••••••••••••••••••••••••••••••••••		sit of 10% of the total coste cheques payable to 'Ll	1 2
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.			
If less than 6 months notice of cancellation is given If less than 3 months' notice If less than 1 months' notice			50% of the full fee w 75% 100%	ill be charged
We recommend that	you conside	r insuring against the po	ssibility of making a cand	cellation.
I confirm that I hav	ve read and	understood the terms	and conditions detailed	on this booking form.
Signed:			Date:	
J				
Postcode:				
Telephone:		Email:		
Special needs: eg fo	od/vegetaria	nn, or mobility		

*Please delete as appropriate

www.llangasty.com

Tel: 01874 658250 email: enquiries@llangasty.com