

2009 APPLICATION FOR USE OF FACILITIES.

FACILITY REQUIRED (TICK AS APPROPRIATE)

MAIN CENTRE

SMALL UNIT

DENSMORE LODGE

CABIN

2.2.2.1

NAME OF

GROUP:

NAME & ADDRESS OF

LEADER:

Email.....TEL. NO

DATES REQUIRED: TO:

APPROX ARRIVAL TIME

APPROX. NO. OF BOYS: APPROX. NO. OF GIRLS:.....

APPROX. NO. OF LEADERS: APPROX. AGE GROUP:

DEPOSIT ENCLOSED: DATE:

Does your Public Liability policy cover your visit to Ovoca Manor? Yes/No.....

Do you have a child protection policy? Yes/No

Name of Insurance Co. Policy No.

Indemnity Limit €

Please extend your Public Liability Policy to indemnify the Trustees of Scripture Union and the Board of Management of Ovoca Manor for claims arising from loss, damage or injury to third parties.

SIGNATURE OF LEADER:

FOR OFFICE USE ONLY:-

NAME OF GROUP:

ACCOMMODATION RESERVED:.....

DATES CONFIRMED: TO.....

DEPOSIT RECEIVED: DATE:

SIGNATURE:

For further information contact:-

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