



BOOKING FORM FOR CARERS

Please complete one of these forms for each carer.

CARER DETAILS

Name _____ Daytime tel. _____
Address _____ Evening tel. _____
_____ Email: _____
_____ Postcode _____
Date of birth _____

DETAILS OF PERSON ARRANGING THE HOLIDAY (IF OTHER THAN CARER)

Name _____ Daytime tel. _____
Address _____ Evening tel. _____
_____ Email: _____
_____ Postcode _____

DETAILS OF TRIP

Starting at _____ Start date _____ Finish date _____

DEPOSIT (This should be at least 1/3 of the total cost of the holiday)

I enclose a deposit of £ _____

SIGNATURE

I have read and accept the Terms and Conditions for DART holidays.

Signed: _____ Print name: _____ Date: _____

OTHER INFORMATION The following information will enable us to make your holiday as comfortable as possible. The sleeping accommodation is a mixture of bunks and beds.

I can use an upper bunk I can use a lower bunk I need a bed

I am Vegetarian Diabetic Low cholesterol

I have other dietary needs (Please specify) _____

I would like you to know that _____

When completed please return this form with your deposit (please make cheques out to Gloucestershire D.A.R.T.) to Heather Hodges at Leafields, Dursley Cross, May Hill, Longhope, GL17 0NE.