|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organisation/ Individual** |  | | |
| **Address** |  | | |
| **Contact Name** |  | **Phone No.** |  |
| **Contact Email** |  | | |
| **Invoice Name & Address**  **(If different from above)** |  | | |

**Please select the facility you require:**

**Sensory Room  Soft Play  Hydrotherapy Pool**

**Date: Click here to enter a date. Time of Booking:**

**Block booking? Yes/No**

Requested dates (*subject to availability*):

**Please tick which best describes your booking:**

Private Company

Charity/Parent Group

Private Individual

Rose Road/Rosewood Family

**Further information about your booking:**

**Do any participants access a hoist?** Yes/No

**Trained Supporters:** Hydro pool requires *at least two* trained supporters to be present in the session. Please write down the names of those attending the session that have received training:

**I have read and accept the Association’s Terms of Letting and Cancellation policy. All information listed in this form is correct and I agree for the above person/company to be invoiced for the booking.**

Name……………………………………….………………... Date……………………………..

Signed..……………………………………………………….