

GROUP BOOKING FORM 2008 / 2009

Arrival Date _____ Time _____ Departure Date _____ Time _____

Name of School/Group _____

Name of Teacher / Organiser _____

Address _____

Telephone _____ Mobile _____

Fax _____ Email _____

Description of Group (Transition Year, Irish Class, etc) _____

Number of students/participants attending the course Male _____ Female _____

Number of teachers / supervisors attending the course Male _____ Female _____

General age of participants _____

Would you like UISCE to organise transport? _____

Would you prefer the course to be run As Gaeilge Bilingual Through English

Booking Requirements

(please tick below as required. Please contact the centre regarding specific group requirements)

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Accommodation					
Breakfast					
Lunch					
Dinner					
Supper					
Morning Activities					
Afternoon Activities					
Night Activities					

NB – Discounts available for groups 50 +

Your booking will be confirmed upon receipt of a 25% deposit

Has your school /group ever participated in an U.I.S.C.E. course before? (if so please specify) _____

Does your school / group have any special requirements? (If so please specify) _____

Signed _____

Date _____

NB: It remains the responsibility of the school / group to secure parental / guardian consent for a student to participate in U.I.S.C.E. courses and to advise U.I.S.C.E. of any special needs.