

MARRICK PRIORY

Numbers and Dietary Requirements

REF NO

This form is most important for ensuring the smooth running of your visit. Therefore please make sure it reaches the Priory no later than 3 weeks before your visit.

NAME OF ORGANISATION.....

NAME OF CONTACT:

TEL NO:**FAX:**.....**EMAIL:**.....

ARRIVAL: Day Date:.....Time:.....(Friday 6pm – 8pm, Monday after 1pm)

DEPART: Day..... Date:.....Time:.....(Friday by 10am, Sunday by 3pm)

PROGRAMME: By now your activity programme should have been finalised with the Priory. If this is not the case, please contact the Deputy Head of Centre immediately.

NUMBERS: The following information is very important for catering purposes.

Group		Leaders		
Males	<input type="text"/>	Males	<input type="text"/>	Total Number <input type="text"/>
Females	<input type="text"/>	Females	<input type="text"/>	
Average Age	<input type="text"/>	(to act as a guide to menu planning)		

DIETS: How many vegetarians?
Are there any other special dietary requirements/allergies? (please give details below)

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Please indicate below any extra meals **in addition** to above numbers who are supplied with breakfast, lunch & evening meal daily.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Breakfast							
Lunch							
Evening meal							
Mid morning tea/coffee & biscuits							

On Friday a standard light meal will be provided. For an additional charge you may have a 2 or 3 course cooked meal. Please indicate below Friday evening requirements:

NB. ALL MEMBERS OF GROUP MUST HAVE SAME MENU

2 Course evening meal	<input type="text"/>
3 Course evening meal	<input type="text"/>

SIGNATURE OF CONTACT: **DATE:**