## **School Tour Booking Form**

## **Shannon Swimming & Leisure Centre**

Name of School	Address of Sc	hool		
Contact Name Telephone				
Email address	Number of children booked for tour			
Classes & Number in each class				
Have you any children with special	needs that we shoul	d be made aware	:?	
	Swimming	Yes	No	
Mix	xed	All Boys	All Girls	
Date attending		Full day	Hal	f day
Total deposit paid	Balance due			
Where did you hear about us: We	bsite Facebook	Word of M	outh Other Please speci	fy
you become aware that these im	I consent to Shannon	Leisure Centre pl	ou should inform Shannon Le	
If you wish to be contacted by  Any other information				x
Please return with deposit to:  I recognise that using the Pool Inflatable, Bouncing Castle, Climbing Wall & participation in a furgames has its potential dangers which we undertake at our own risk. We accept that neither the operating company nor its employees shall be liable for any loss or injury arising from our participation in a furgames has its potential dangers which we undertake at our own risk. We accept that neither the operating company nor its employees shall be liable for any loss or injury arising from our participation in a furgames has its potential dangers which we undertake at our own risk. We accept that neither the operating company nor its employees shall be liable for any loss or injury arising from our participation in a furgament.				
	Signed:            Date:			ate:

To satisfy the needs of your contract for School Tours at Shannon Swimming & Leisure Centre this form will be kept on file in a secure location at Shannon Swimming & Leisure Centre. 2 years after your activity expires this form will be destroyed.