



Booking Form.

As an adult making the booking, you are responsible for ensuring that all information submitted is accurate. You also assume responsibility for ensuring that all terms and conditions are adhered to during the course of your stay in the caravan.

Booking Organiser:

Name:.....

Address:.....
.....

Telephone:.....

Email:.....

Young Person With A Disability

Name:.....

D.O.B:.....

Description of your child's needs.....

School:.....

Professional Referee(this person will be asked to verify that your child has special needs and so meets the criteria to access the adapted caravans) :.....

Role:..... Contact Number:.....

Does your child use a wheelchair? Yes No

If yes, please specify

Does your child use a mobility aid? Yes/No

Do you require prior training to be able to use the hoist? Yes No

Other Guests

Name..... D.O.B.....

Name..... D.O.B.....

Name..... D.O.B.....

Name..... D.O.B.....

Holiday Dates:

1st choice:..... Number of nights:.....

2nd choice:..... Number of nights:.....

3rd choice:..... Number of nights:.....

Please return your form to:info@liverpoolaiminghigh.co.uk By Post: Lynn Irwin (LAH), Iliad Street, Liverpool, L5 3LU

Confidential information will be securely removed from our Database 6 weeks after your holiday**