**BOOKING FORM – 2025/26**

**Saddleworth Outdoor Pursuits Association, The Boarshurst Centre, Boarshurst Lane, Greenfield, Oldham, OL3 7EA**

<https://www.boarshurstcentre.org> email: [theboarshurstcentre@gmail.com](mailto:theboarshurstcentre@gmail.com)

Name of Organisation/Group…………………………………………………………………………………………….……………………………………………

Leader in charge of visit……………………………………………………………………………………………………………………………………………….…

Address for correspondence…………………………………………………………………………………………………………………………………….…….

Tel contact number………………………………………………………………… email address………………………..…………….…………………....

**Adults………………………….….…… 18 years of age and above Child/Youth ………………………………. under 18 years of age**

**Full payment must be made 14 days in advance.**

**Arrival date…………………………… Departure date………………………….**

**Arrival time…………………………... Departure time………………………….**

**Charges: Centre hire – sole use only - maximum number of guests 32 – 2 nights minimum**

Adult Groups: £550 per night

Family Groups £500 per night

Child/Youth/Uni Groups £450 per night

**Arrival and departure times by arrangement**

Bookings should be confirmed with a deposit of £100 – returned the week after your stay following acceptable inspection.

We prefer payment to be made by bank transfer to **Saddleworth Outdoor Pursuits Association** via Co-operative Bank Sort Code – 08-92-99, Account No. 67213584. Please indicate the name of the group when paying.

Please provide your bank details for us to refund your deposit - name of account, sort code and account number ……………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Conditions of Bookings:** All groups visiting the centre who include non-related children must have an adequate **CHILD PROTECTION POLICY**. You may need to visit the centre prior to your visit to prepare a **RISK ASSESSMENT.**

**All groups must have adequate insurance.**

**Please provide the following:-**

DBS Reference Number of Leader in Charge, if appropriate…………………………………………………………………………..……..…………….

Details of Insurance………………………………………………………………………………………………………………………..……..……………………………

**All groups are expected to leave the centre clean and tidy. Please don’t forget to bring your sleeping bags.**

I accept responsibility for the visiting group and confirm that the group/family has appropriate insurance to cover their stay.

**Signed………………………………………………………………. Date……………………..…………………………………………**