

GROUP DETAILS

(To be sent to Low Mill 4 weeks before arrival)



NAME OF GROUP.....

GROUP LEADER.....

CONTACT TELEPHONE NUMBER.....

DATES OF VISIT

PLEASE ENSURE THAT THE MALE/FEMALE SPLIT CAN BE ACCOMMODATED IN THE ROOMS BOOKED BY YOUR GROUP

No. of Leaders:	Male	Female
No. of Course Members:	Male	Female
Total Numbers:	Male ____	Female ____

For Friday evening arrival – do you require a buffet supper? Yes/No (delete as appropriate)

SPECIAL DIETARY REQUIREMENTS

Because of new legislation regarding food allergies and intolerances, please provide information about any dietary requirements your group may have and list names and details below.

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

Continue overleaf, if required.

For specialist diets, send a list of food they **DO** eat or contact the Housekeeping staff at Low Mill to discuss particular requirements.

These details will enable us to compile a menu suitable for your needs. Please state how many:-

Vegetarians who do not eat fish

ADULT	STUDENT

Vegetarians who do eat fish

ADULT	STUDENT

Vegan

ADULT	STUDENT

No beef

ADULT	STUDENT

Halal meat

ADULT	STUDENT

No pork, bacon, sausage
(delete as appropriate)

ADULT	STUDENT

Needing low fat diet

ADULT	STUDENT

Diabetic

ADULT	STUDENT

Allergy/Other

ADULT	STUDENT

Group Leader Signature