



FOR LITTLE OWL FARM PARK TO COMPLETE				
No. of Children on Day		No. of Adults on Day		
Confirmation Sent		Invoice Sent		
Schedule Sent		Invoice Paid		

	nis form to an email to schools@littleowlfarmp ned until you have received a confirmation em	park.co.uk. This is a booking REQUEST only, and no booking nail from us. Thank you.			
BASIC DETAILS					
School / Group Name					
Contact Name					
Contact Number					
Personal Contact Email					
Office Email (For Invoice)					
Age Range of Children					
Package	Educational / Independent (tick whi	ich applies)			
Topic (if applicable)					
	YOUR REQUESTED DATES				
First Preferred Date					
Second Preferred Date					
Approx. Arrival Time		Approx. Departure Time			
	NUMBERS				
Approx. No. Children		Approx. No. Adults*			
Your preferred time for lunch					
*If you have more than 15 adults – are they plannin					
*If you have more than 10 adults — are they arrivin If so, please provide a list of names for the adults a					
*If arriving by coach, how many coaches can we ex					
	ACCESSIBILITY REQUIREMEN	NTS			
Do any adults or children have any specific accessi					
	EXTRAS				
Animal Food x10 (£5) x20 (£10)	Mini Milk Ice Lollies £1 each	Tractor Ride £20 per group of 30			
	Any other info or reque	STS			
(an invoi	PAYMENT METHOD ce will be sent on the day of your visit and mu:	st be paid within 30 days)			
Payment Method (BACS/Cash/Card/Cheque)					
(You can find these on the v	TERMS & CONDITIONS vebsite. Please Sign/Print to say you have rea	ad and understood the T&C 's on the website)			
SIGN					
PRINT					