

# Brenscombe Outdoor Centre



## Request for Information

Group	<input type="text"/>
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Date of Visit	<input type="text"/>
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In order to help us with the detailed planning of your course, could you please complete the relevant details in the table and return it to us or phone us with the relevant information.

Number of students	Male	Female
Age Range of Students		
Number of leaders	Male	Female
Approximate arrival/ departure time	Arrival	Departure
Special dietary require- ments, e.g. vegetarian, vegan, fish-eating vegetari- ans. Please supply names alongside special require- ments.		
<b>FOOD ALLERGIES</b> Please supply names.		
Means of transport whilst staying at the Centre and on arrival/departure.		
Medical List	Please return the attached medical forms.	
Nominal List	Please supply on arrival.	

Return to: Brenscombe Outdoor Centre, Studland Road, Corfe Castle, Wareham,  
Dorset BH20 5JG Tel/Fax: 01929 481222 e-mail [info@brenscombeoutdoor.co.uk](mailto:info@brenscombeoutdoor.co.uk)