| | ooking FORM |
|---|--|
| Name: | |
| Address: | |
| City: | Poscode: |
| Region: | Country: |
| Email: | Website: |
| Tel: | Mobile: |
| | (Providing your gender & age information is to help us to accommodate you with similar people) |
| PERIOD ATTENDING ^(please tick appropriate box) A: Full Week £550 B: N | Mon Friday £350 🔲 C: Fri Sunday £250 🔲 |
| D: Fri Monday £275 🔲 🛛 E: D | Day & Gala £75 |
| G: Gala only £15 | |
| | hops during the week, there is no need to book for the we |
| Choice A: | |
| Choice A: | |
| Choice A: Choice B: | |
| | |
| Choice A: Choice B: Special Dietary Needs: Quiet Room Please: Yes: 🗋 No: 🞑 | |
| Choice A: Choice B: Special Dietary Needs: Quiet Room Please: Yes: D No: D To reserve a place please include a 25% deposit made payable to: "Tai Chi Caledonia" | I'd like to share a house with: I'd like to share a twin room with: |
| Choice A: Choice B: Special Dietary Needs: Quiet Room Please: Yes: D No: D To reserve a place please include a 25% deposit made payable to: "Tai Chi Caledonia" Banking details for direct transfers can be sent on request | I'd like to share a house with: |

e: 20years@taichicaledonia.com t: 0044 7774 985411