

MOMENTS ON THE RIVER BOOKING REQUEST

This is a booking request form to help us allocate the boat for your family at the best possible time period while considering other families' needs, the weather conditions (!) and our volunteer skippers' availability.

CONTACT INFORMATION

First name:

Surname:

Telephone number:

e-mail address:

Our child is treated at the following hospital:

Number of adults travelling:

Number (and age) of children travelling:

(Max of 6 people on the boat for a cruise, of which 4 children, each child under 12 to have an accompanying adult)

(If requesting training, one trainee skipper and one trainee crew required. No children please, unless accompanied by an adult not taking part in the training).

BOOKING REQUEST

We would be interested to go for:

- for a 3 to 4 hour cruise
- have some training to enable us to take the boat out ourselves
(training to be taken no more than 4 days before taking the boat out)
- a self-cruise (once training has been completed)

We would love to go at the following dates (please give a number of options, if you wish, with your preferred being the first)

- 1.
 - 2.
 - 3.
-

COMMENTS /ADDITIONAL REQUIREMENTS

Please add here anything else you think might be relevant for the booking process, for example if someone is using a wheelchair or how flexible you are with the dates given.

Please return to Momentum by sending to:

Momentum, 139 King's Road, Kingston-upon-Thames KT2 5JE

or scanning and e-mailing to:

familysupport@moment-um.org