



ACCOMMODATION LIST **TREE TOPS**

Group Name: _____ Leaders Name: _____

Arrival Date: _____ Departure Date: _____

Group Leaders Room Number: _____

ROOM	NAME	NAME	NAME	NAME
1 (2 Beds)				
2 (4 Beds)				
3 (4 Beds)				
4 (4 Beds)				
5 (4 Beds)				
6 (4 Beds)				
7 (4 Beds)				
8 (4 Beds)				
9 (4 Beds)				
10 (4 Beds)				
11 (4 Beds)				
12 (4 Beds)				

All 4-bedded rooms have 2 single & 1 bunk bed
The 2-bedded room has 2 single beds

This form must be returned to the Centre five days prior to arrival.
Completion of this document assists in the task of meeting statutory
safety obligations.

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