**![A close-up of a logo

Description automatically generated with low confidence]()**

**PRE-RETREAT INFORMATION FORM**

Please assured your data will be handled in accordance with GDPR guidelines; our privacy statement is available on our website: saviohouse.org.uk

**PLEASE RETURN THE COMPLETED FORM BY: 4 weeks before your stay**

**Savio House Retreat Centre**

Savio House, Ingersley Road, Bollington

Macclesfield, SK10 5RW

T: 01625 573256

E: saviooffice@salesians.org.uk

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| **School / Group** |  | | | | | **Contact Name:** | | | | | **E-mail:** | | | | |
| **Retreat Dates** |  | | |  | | | | | **Year Group(s):** | | | | | | |
| **Number of Students** | **Male:** |  | **Female:** | |  | | **Total:** |  | **Number of Staff** | **Male:** |  | **Female:** |  | **Total:** |  |
| **Other Information** | e.g. wheelchair ramps needed or large print resources | | | | | | | | | | | | | | |

1. We provide healthy, family style meals prepared freshly on-site and can only offer alternatives for vegetarians, people with food allergies or on the grounds of religious belief. Typically, people who follow a halal or kosher diet will be offered a vegetarian option.
2. We require this information at least **4 weeks** before your visit to enable our chef to plan for your dietary needs. Late information may lead to additional charges being added to your final invoice. It may also mean that we will be unable to cater for everyone’s dietary requirements.
3. Arrival time is 11am and departures are 11am (unless otherwise agreed).
4. For payment terms and other information please refer to our terms and conditions and your booking form.
5. Dietary and additional information is required for all members of the group attending **including staff**.

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| **FULL NAME** | **DIETARY REQUIREMENTS** | | | | | | | | | | | |
| no gluten | no egg | no dairy | no shellfish | no nuts | no fish | no beef | no pork | vegan | vegetarian | halal/kosher | Other dietary information – including if an allergy is airborne |
| Please tick appropriate boxes | | | | | | | | | | |
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School/Group Name: Date of Retreat:

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| **FULL NAME** | **DIETARY REQUIREMENTS - continued** | | | | | | | | | | | |
| no gluten | no egg | no dairy | no shellfish | no nuts | no fish | no beef | no pork | vegan | vegetarian | halal/kosher | Other dietary information – including if an allergy is airborne |
| Please tick appropriate boxes | | | | | | | | | | |
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| **FULL NAME** | **ADDITIONAL INFORMATION AND HEALTH CONDITIONS THAT WE NEED TO BE AWARE OF INCLUDING USE OF EPIPEN/INHALERS ETC** |
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