



Form to be returned to:

Mrs. C. Fellowes, 75 Ladygate Lane Ruislip. HA4 7QX

Enclosing a stamped addressed envelope

Activity Booking Form

Tunnelling

Volleyball

Willow Tree Trail

Name of Organisation														
Please indicate when	you wou	ıld like	to boo	ok sessio	ns and a	any you wis	h to run at th	e same time	e as each oth	ner.				
						<> 1 st Choice>				<	2nd Choice			
Activity	Max nos / session	Fee	Instr- uctors req	Session length	Total Sessions reqd	Date	Am	Pm	Eve	Date	Am	Pm	Eve	
Adventure playground	Any													
Archery	24		2	2 hrs										
Badminton	Any													
Basketball	Any													
Campfire Circle	Any													
Football nets	Any													
Games Eqpt	Any													
Low level courses:age10+	24		2	2 hrs										
Nightline/Spiders web	24			2hrs										
Parachute - large	Any													
Parachute - small	Any													
Pioneering	Any													
Rounders	Any													
Top BBQ	Any													

The named leader should be the person responsible for the event. Please print details clearly. A confirmation of booking will be sent, on receipt of form and SAE. For some activities you will also receive further instructions.

Leaders Name	Address	Postcode	Tele No.	Email	Mobile No.	

2 hrs

Any

Any

Any