



Form to be returned to:
 Mrs. C. Fellowes,
 75 Ladygate Lane
 Ruislip. HA4 7QX
 Enclosing a stamped
 addressed envelope

Activity Booking Form

Name of Unit	Guiding County	Division	District
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Please indicate when you would like to book sessions and any you wish to run at the same time as each other.

Activity	Max nos / session	Fee	Instr-uctors req	Session length	Total Sessions reqd	< ----- 1 st Choice ----- >				< ----- 2nd Choice ----- >			
						Date	Am	Pm	Eve	Date	Am	Pm	Eve
Adventure playground	Any												
Archery	24		2	2 hrs									
Badminton	Any												
Basketball	Any												
Campfire Circle	Any												
Climbing wall age 7+	24			2 hrs									
Football nets	Any												
Games Eqpt	Any												
Low level course:age10+	24		2	2 hrs									
Nightline/Spiders web	24			2hrs									
Parachute - large	Any												
Parachute - small	Any												
Pioneering	Any												
Rounders	Any												
Top BBQ	Any												
Tunnelling	Any			2 hrs									
Volleyball	Any												
Willow Tree Trail	Any												

The named leader should be the person responsible for the event. Please print details clearly.

Leaders Name	Address	Postcode	Tele No.	Email	Mobile No.
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A confirmation of booking will be sent, on receipt of form and SAE. For some activities you will also receive further instructions.

FOR OFFICE USE ONLY

Apr 18

Date

Booking Form Recd

Confirmation Sent

Apr 18

Date

FOR OFFICE USE ONLY

Booking Form Recd

Confirmation Sent