



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

Activity Booking Form

Name of Organisation		
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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 courses: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. 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.
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FOR OFFICE USE ONLY

Apr 18 Date

Booking Form Recd

Confirmation Sent