



**ACTIVITY BOOKING ENQUIRY FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Unit: \_\_\_\_\_

District: \_\_\_\_\_ Division: \_\_\_\_\_

Date(s) of visit \_\_\_\_\_

Please indicate preferred date and time (1) with alternative (2) if possible.

Activity	Preferred date (dd-mmm-yyyy)	Preferred time (hh:mm am / pm)	Instructor Required? (Archery and pioneering only)	
_____	(1) _____	_____	Yes	No
_____	(2) _____	_____	_____	_____
_____	(1) _____	_____	Yes	No
_____	(2) _____	_____	_____	_____
_____	(1) _____	_____	Yes	No
_____	(2) _____	_____	_____	_____
_____	(1) _____	_____	Yes	No
_____	(2) _____	_____	_____	_____
_____	(1) _____	_____	Yes	No
_____	(2) _____	_____	_____	_____

**Please send completed form to [guideacresbookings@gmail.com](mailto:guideacresbookings@gmail.com)**

Activities will be allocated on a first come, first served basis.