



SITE BOOKING ENQUIRY FORM

| IF MORE THAN OF | NE BOOKING | G IS REQU | JIRED A SEP | ARATE FORM MUST E | BE USED FOR EACH. |
|---|-----------------|-----------|---------------------|--------------------|-----------------------|
| Name: | | | | | |
| Address: | | | | | |
| Telephone: | | | | E-mail: | |
| Unit: | | | | | |
| District: | | | | Division: | |
| Appointment held: | | | | Membership Number: | |
| Residential qualifica | tions: | | | | |
| Assessment required: | | Yes | No | | |
| Event: | | | | | |
| Date / time required (please remember to include time for setting up and clearing away): | From — To | (dc | Date I-mmm-yyyy) | | Time (hh:mm am/pm) |
| Building / camping b required: | ay – | | | | |
| Equipment required: | | | | | |
| Approximate number | r on site: | | | | |

Please send completed form to guideacresbookings@gmail.com

On confirmation of availability, a non-returnable deposit will be required. All bookings remain provisional until the deposit is paid.