



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.