



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 <input type="checkbox"/> No <input type="checkbox"/>
	(2) _____	_____	
_____	(1) _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(2) _____	_____	
_____	(1) _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(2) _____	_____	
_____	(1) _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(2) _____	_____	
_____	(1) _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(2) _____	_____	

Please send completed form to guideacresbookings@gmail.com

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

Personal details provided on this form will be used solely for the purposes of administration of your booking and may be stored electronically in a password-protected file. All personal information relating to your booking will be securely disposed of at the end of the calendar year during which your event takes place.