Country Wide Weekends Group Booking Form

Party/Group Name				Group Leader		
Contact Address:						
Please include Post code.						
				Doct Code:		٦
Telephone Day:				Post Code:		
Fax Number:					_	
E Mail Address:	-				_	
Emergency Contact	Details:	Adult not	in attendar	nce on the activit	v trip.	
Name:				Position/Status		
Address:						
Address.						
Telephone Day:				Evening:		
Fax Number:				_Lveiling.		
Activity Details:						
Activity	Child	Adult	Date	Day	Time	Cost/£
Totals:				Total Enclosed:		
See current price sheet				rs.		
For a receipt please sen Group Names/Detai		ressea enveid	ope.			
Christian Name	Surname		Age	Height	Feet size	Medical Details
Continue on sepera	te sheet if nec	essarv.	1	1		
To secure booking s	send with app	ropriate de	posit to Co	ountry Wide Weel	kends.	
Office Use:						
Booking Received	Payment	ayment Yes No Confirmed/Receipt Nos:				
			<u> </u>			