**DAY/EVENING BOOKING FORM**

|  |  |
| --- | --- |
| **PLEASE USE BLOCK CAPITALS** | |
| **UNIT NAME:** |  |
| **LEADER’S NAME:** |  |
| **ADDRESS:** |  |
| **POSTCODE:** |  |
| **PHONE NO:** |  |
| **MOBILE NO:** |  |
| **EMAIL ADDRESS:** |  |

|  |  |  |
| --- | --- | --- |
| **HAVE YOU USED TOPSTONES BEFORE?** | YES | NO |

|  |  |  |
| --- | --- | --- |
| **TYPE OF BOOKING: Tick as appropriate** | | |
| HALF DAY | FULL DAY | EVENING |

|  |  |
| --- | --- |
| **DETAILS OF YOUR BOOKING**: | |
| Chalet | yes/no |
| Swallow wet weather shelter | yes/no |
| Swift wet weather shelter | yes/no |
| Activity Barn and play equipment | yes/no |
| Pizza oven | yes/no |
| Camp fire circle | yes/no |
| Archery (see website for details) Backwoods craft (see website for details) | yes/no |

Please make cheques payable to “Guide Association – Leicestershire ‘Topstones’ Account”

|  |  |
| --- | --- |
| **DATE OF ARRIVAL:** |  |
| **ARRIVAL TIME:** |  |
| **DATE:** |  |
| **SIGNED:** |  |

|  |  |  |
| --- | --- | --- |
| *FOR OFFICIAL USE ONLY* | | |
| *DATE RECEIVED:* |  | To confirm booking, this form **MUST be returned within 14 days**. |
| *DATE OFFICIATED:* |  |
| *SIGNED BY OFFICIAL:* |  |
| *RECEIPTED:* | *YES / NO* |