



THE ADVENTURE CENTRE
Kelly Enterprises

BOOKING FORM FOR RESIDENTIAL GROUPS

Name of organisation:

Address:

Postcode:

Contact Name:

Tel No:

Fax No:

E-mail Address:

Course Dates Requested:..... (1st choice)
.....(2nd choice)

Numbers :- Male Female Age Range

Male Staff Female Staff

Expected Arrival Time :..... **Expected Departure Time:**

Please indicate the activities you would like to do during your stay

Kayaks/Canoes <input type="checkbox"/>	Tree Abseil <input type="checkbox"/>	Archery <input type="checkbox"/>	Tree Climb <input type="checkbox"/>
Orienteering <input type="checkbox"/>	Weir Experience <input type="checkbox"/>	Challenge Day <input type="checkbox"/>	Nuns Cross Farm <input type="checkbox"/>
Climbing <input type="checkbox"/>	High Ropes Course <input type="checkbox"/>	Trapeze <input type="checkbox"/>	Overnight -Tents <input type="checkbox"/>
Abseiling <input type="checkbox"/>	Problem Solving <input type="checkbox"/>	RaftBuilding <input type="checkbox"/>	- Bivy <input type="checkbox"/>
Jacobs Ladder <input type="checkbox"/>	Moorland Walking <input type="checkbox"/>	River Trip <input type="checkbox"/>	
River Crossing <input type="checkbox"/>	Gorge Walking <input type="checkbox"/>	Mini Olympics <input type="checkbox"/>	

Upon receipt of this booking form we will issue an invoice for a deposit or the full amount. Once a deposit is received into our bank the course will be confirmed and details forwarded to you.

I have read, understood and fully accept Kelly Enterprises booking terms and have retained a copy for my records.

Signed:.....Date:.....