

WILL YOU SURVIVE THE...



GROUP BOOKING FORM

Primary Contact Details:

Name:

Email:

Address:

Phone:

Numbers Attending:

Scouts/ Guides:

Explorers/

Senior Section:

Leaders:

Dietary Requirements:

Please inform us of any dietary requirements/ allergies:

Declaration:

I wish to register for the event above and enclose payment of £35 per participant. Please make cheques payable to "Bradley Wood". Cash and card payments also accepted, contact the Office on: 01484 715858.

Signed:

Date:

Please return this via email or to 'Zombie Winter Camp', Bradley Wood Campsite, Shepherds Thorn Lane, Brighouse, HD6 3TU or admin@bradleywood.org.uk

Leader information - please complete for all Leaders attending

Leader 1

Name: _____ Position: _____

Group: _____ District: _____

Skills and permits: _____

Will be attending on: Friday Saturday Sunday

Leader 2

Name: _____ Position: _____

Group: _____ District: _____

Skills and permits: _____

Will be attending on: Friday Saturday Sunday

Leader 3

Name: _____ Position: _____

Group: _____ District: _____

Skills and permits: _____

Will be attending on: Friday Saturday Sunday

Leader 4

Name: _____ Position: _____

Group: _____ District: _____

Skills and permits:

Will be attending on: Friday Saturday Sunday

Leader 5

Name: _____ Position: _____

Group: _____ District: _____

Skills and permits:

Will be attending on: Friday Saturday Sunday

Leader 6

Name: _____ Position: _____

Group: _____ District: _____

Skills and permits:

Will be attending on: Friday Saturday Sunday

Reprint as necessary so that all Leaders are included