

BOOKING FORM

Please fill in all sections. If a section does not apply to you please insert "None" or the figure "0". Thank you.

Return completed form to:

Administration Office.
Mount Melleray Scout Centre,
Cappoquinn, County Waterford, Ireland.

Contact Details

Name of Leader: _____ E.mail address: _____

Postal address: _____ Phone numbers: _____ (Home)

_____ (Work)

_____ Group name /no.: _____

Numbers

Leaders: Male _____ Female _____

Youth: Male _____ Female _____

Section(s) Please mark the relevant box(es)

Beavers Other

Cubs /Macaoimh Please specify: _____

Scouts _____

Venture Scouts _____

Dates of Stay (dd /mm /yyyy)

From: _____ / _____ / _____

To: _____ / _____ / _____

Requirement(s) Please mark the relevant box(es)

Full Board Other (ie Day Trip)

Self Catering Please specify: _____

Camping _____

Additional Requirements
