

Corf Scout Camp booking form

Please complete this form and with your deposit return it to :-
Mrs Sarah Kingswell 1c Howard Close, Newport ,Isle of Wight , PO302LD.

Name of Group

Scout District

Leader in Charge, Name

Address

.....

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Post Code

Telephone

Email Address

Date of Visit

Arrival date/...../..... Departure date/...../.....

Type of Facility required. (Please delete as necessary)

Campsite

Pack Holiday Centre (Kitchen/Dining room, Dormitory & Leaders room)

Colenutt Cabin No 1 (Sleeps 2) / Colenutt Cabin No 2 (Sleeps 4)

Expected Numbers. Total

Leaders *Boys* *Girls* *Others*.....

Number of Vehicles and type

Number of Boats

Deposit ofEnclosed. (Cheques payable to 'I.O.W. Scouts, Corf Camp')

**PLEASE ENSURE THAT YOU HAVE PAID YOUR DEPOSIT WITHIN 14 DAY FROM THE DATE OF ENQUIRY/CONFIRMING YOUR STAY
AT CORF CAMPSITE THANK YOU**

*We have read and understood the conditions and the Child Protection Policy as stated in the Corf
Camp Brochure and the site rules and agree to abide by them*

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Date

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Camp

Leader