



**OVERNIGHT SAFARI
BOOKING FORM**
(Scouts, Guides and Groups)

NAME OF GROUP _____

ADDRESS _____ POSTAL CODE _____

CITY/TOWN _____ TELEPHONE _____ FAX _____

CONTACT PERSON _____

EMAIL ADDRESS _____

NUMBER OF CAMPERS _____ NUMBER OF ADULTS _____ AGE OF CAMPERS _____

DATE OF ARRIVAL _____ ARRIVAL TIME _____ DATE OF DEPARTURE _____ DEPARTURE TIME _____

Is there a certified First Aid person in the group? []Yes []No

Will you require assistance with Badge Work? []Yes []No _____
IF YES, WHICH BADGES

How many tents will you have? (Approximately) _____

Does any of your group have any serious allergies? []Yes []No _____
IF YES, WHAT KIND

We are unable to provide an alternate menu for campers with special dietary requirements, so please make arrangements to supply your own special meals. Please bring enough water for you group for the weekend - we are on a well system and have to buy our water in. **A \$5.00 deposit per person is required when booking.** The minimum number of confirmed attendees is required one week prior to your arrival. This is the minimum number that you will be charged for, regardless of actual number attending. **Cancellation with less than 7 days notice will result in loss of deposit.**

FOR OFFICE USE

GUIDE _____

_____ Campers @ \$ _____ = \$ _____
LESS DEPOSIT \$ _____
TOTAL \$ _____

Paid by: Cash
 Cheque
 C.C
 To be Billed - Invoice given
 Y N