

ADVENTURE CAMP ENQUIRY SHEET

Please tick whether you would like to make an enquiry
and receive a sample program or book a camp with this form.

 Enquiry
 Booking

Today's Date: _____

TO Program Coordinator
FROM

Contact Name: _____ School: _____

Phone: _____ Year Level: _____

Fax: _____ No. of Students: _____

Address: _____ No. of Adults: _____

_____ Email Address: _____

Type Of Camp: **Dorm** **Wild/Eco** **Surf Camp** **Tent Camping**
Camp Theme _____ (leadership, team development etc)

Requested Camp Date: From _____ To _____

Activities (3hr duration) please choose activities for your Program
Activities:

- | | | |
|--|--|--|
| <input type="checkbox"/> Abseiling | <input type="checkbox"/> Mt Biking | <input type="checkbox"/> Sub Arctic |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Night Activities | <input type="checkbox"/> Survival Challenge |
| <input type="checkbox"/> Body Boarding | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Team Development |
| <input type="checkbox"/> Bush Navigation | <input type="checkbox"/> Outdoor Rock Climbing | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Ropes Course | <input type="checkbox"/> Leadership Activities |
| <input type="checkbox"/> Horse Riding | <input type="checkbox"/> Raft Building | |

OTHER REQUIREMENTS _____

