



BOOKING FORM

SUMMER SEASON 2010

3rd May 2010 until 1st October

Please return this form by e-mail by the 16th April 2010

COMPANY NAME:

CONTACT NAME:

EMAIL :

TEL NO:

FAX NO:

TEAM YOU ARE SHARING WITH IF APPLICABLE :

	DAY	TIME
ONE CHOICE ONLY		

FOR OFFICE USE ONLY	
DATE AND TIME ALLOCATED	

PLEASE CONSIDER ME FOR A SECOND SESSION	YES / NO
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