



The Clonakilty Park Adventure Centre Group Booking Form

Group Details

Name of Group _____
Contact Name _____
Address _____
Number of Participants Male _____ Female _____ Total _____
Number of Leaders Male _____ Female _____ Total _____
Age of Group (if under 18) _____
Phone Number _____
Email _____

Special Details

Please tick activities chosen			
High Ropes Course 1 or 2	<input type="checkbox"/>	Power Fan Jump	<input type="checkbox"/>
Climbing Wall	<input type="checkbox"/>	Zipline	<input type="checkbox"/>
Please ensure that there are signed waiver forms for group			<input type="checkbox"/>

Payment Details

Deposit Paid _____	Balance Due _____
The Centre will charge for the number of participants stated on the booking form, unless we have been otherwise notified at least 48 hours prior to arrival time	

For Our Information

How did you hear about us? _____
Please tick here if you do not wish to be updated with special offers from the Clonakilty Park Adventure Centre <input type="checkbox"/>