

Booking Form

Please complete and return the pages relevant to your booking.

*Booking option: Camp Conference Birthday party Day Activity Catering ONLY

*Name of Organisation:

*Primary Contact Person:

*Postal Address: *Postcode:

*Tel: * Mobile:

* Email:

Secondary Contact:

Tel: Mobile:

Email:

*How did you hear about us? Returning Client Internet Search Advertising Referral Facebook

Promo code/ details:

*Day/Date of arrival:

*Arrival Time:

*Day/Date of departure:

*Departure Time:

DAY ACTIVITIES:

I do not require any day activities

***Please arrive 15 mins before activity start time.**

Activity sessions run for 1.5 hours - each group is 15 people maximum

Number of people attending: Activity Start Time:

Age of Group: Activity End Time:

Please choose an option

Program designed by Activities Manager

Please choose an adventure below

Please 'tick' below to indicate the requested Adventure Centre activities and a package can be tailored to suit your group.

| AIR | | WATER | |
|--|--|--|------------------------------------|
| High Ropes | <input type="checkbox"/> High course 10+ years | Swimming Pool *Refer to 'Pool Rules' document | Times(s) requested _____ |
| Mid Ropes | <input type="checkbox"/> Mid-course 8+ years | Canoeing (30 max) | <input type="checkbox"/> 8+ years |
| Junior Ropes Course Accessible Course | <input type="checkbox"/> 5+ years | Raft Building (15 max) | <input type="checkbox"/> 10+ years |
| Flying Fox (15 max) | <input type="checkbox"/> 5+ years | Kayaking (15 max) | <input type="checkbox"/> 10+ years |
| Abseiling (15 max) | <input type="checkbox"/> 9+ years | Pool Raft Building (15 max) | <input type="checkbox"/> 5+ years |
| Rock Climbing (15 max) | <input type="checkbox"/> 6+ years | | |
| Crate Stack (15 max) | <input type="checkbox"/> 9+ years | | |
| Leap of Faith (15 max) | <input type="checkbox"/> 12+ years | | |
| Jacobs Ladder (15 max) | <input type="checkbox"/> 10+ years | | |
| Possum Glider (15 max) | <input type="checkbox"/> 5+ years | | |
| LAND | | | |
| Archery (15 max) | <input type="checkbox"/> 8+ years | Orienteering (45 max) | <input type="checkbox"/> 8+ years |
| Commando Course (45 max) | <input type="checkbox"/> 5+ years | Team Building (90 max) | <input type="checkbox"/> 8+ years |
| Black Out Zone (15 max) | <input type="checkbox"/> 8+ years | Campfire/fire pit (100 max) Evening Activity *available May to October | <input type="checkbox"/> All ages |
| Mountain Biking (15 max) | <input type="checkbox"/> 10+ years | Catapult Build (100 max) | <input type="checkbox"/> 10+ years |
| ENVIRONMENT | | | |
| Kitchen Garden (15 max) | <input type="checkbox"/> 4+ years | Bush Craft (15 max) | <input type="checkbox"/> 10+ years |

Background Information Sheet

During your groups' visit to Swan Valley Adventure Centre our instructors will do their very best to provide you with a range of enjoyable, safe and challenging activities. In order to help us achieve this we would like to know a bit about the participants and any specific learning outcomes that you hope they will achieve.

*Description of Group (Age range, gender split, ability, behaviour, additional needs etc.):

What would the group like to achieve during their visit? (Tick options)

Please be specific and choose 2-3

- Improve communication
- Develop leadership skills and initiative
- Improve health/fitness through physical activity
- Improve teamwork
- Develop relationships with team members/support staff
- Have fun
- Learn a specific skill (Climbing, Canoeing, Archery etc.)
- Improve confidence
- Raise self-esteem
- Appreciate the natural environment
- Have a break from home/school
- Problem Solving
- Choose Own

Would you like to link outdoor learning to:

- Math
- Art
- English
- Music / Band Camp
- Study Camp

Are there any particular challenges/barriers that could prevent this group from achieving?

Is there anything else that you think it would be helpful for us to know before meeting the group?

Please advise all other relevant information or additional details:

Please note that by filling in this form it does not guarantee you a booking. Please fill in and submit the form and await confirmation. Thank you.

Full Name:

Signature:

Date:

*Terms and Conditions (please tick)

By submitting this booking form, I hereby confirm that I have also read and understood the Terms and Conditions (available via the SVAC website).