

Scouts Australia
Hume Region
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Campbelltown NSW 2560
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Campbelltown NSW 2560
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GLENFIELD SCOUT ACTIVITY CENTRE



BOOKING ENQUIRY FORM

DATE OF E	NQUIRY:		_					
Organisati	ion Name:							
Person in	Charge:							
Address:								Postcode:
Telephone	e:		Mobile:	:		_ Emai	l:	
Organisati	ion Type: (tick one box only)		Scouts/Guio	les - Hume	Region		
				Training - H	ume			
				Scouts/Guio	les - Non H	lume Regio	n	
				Youth Grou	p/School			
				Other: Wha	t type?			
Purpose fo	or which use	e is required:						
Date From: Date To:			Approximate arrival time:					
			Approximate departure time (before 5pm):					
Annroxim	ate Numbei	rs:	_					
, фр іолііі	Scouting					Non-Scou	ting	
	Joeys		Venturers			Students		
	Cubs	·	Rovers	-		- Youth		
	Scouts	·	– Guides	-		– Teachers/	'Assistants	
	Leaders		Parents/He	elpers		_		
Facilities F	Required: (p	lease tick)	_	_		_		
i acinties i	tequired. (p	Training Centre (Hall C	nly)					
	Hobson's Hut Kitchen Hobson's Hut Hall & Accomodation (26 beds) Main Kitchen/Dining Hall							
		Rotary 1 (45 beds)		ing 10 person	ıs			
		Rotary 2 (12 beds)		ing 10 person				
		Camp Kitchen/Annex						
		Camping						
		Main Campfire						
		Day Activity						
	Please advise other requirements/requests							
			-,					
	Camp Bad	ges Available upon req	uest					
	I have read	I have read and acknowledge the Camp Rules (initial) Date						
	Organisers must provide a first aid aider for their group and bring their own first aid kit.							
	Organisers	s must undergo an indu	ction to the	site no later t	than the co	ommencer	nent of the b	oooking.

A quotation will be issued on the basis of information provided.