



CRS ADVENTURES
MANAGEMENT GROUP BOOKING FORM

NAME OF GROUP:.....

NAME OF GROUP ORGANISER:.....

ADDRESS:.....

.....

.....

.....

TEL NO:.....

FAX NO:.....

EMAIL:.....

DATE OF TRIP FROM:.....**TO:**.....

ARRIVAL TIME:.....**DEPARTURE:**.....

NUMBER OF DELEGATES:.....

ACTIVITIES BOOKING:

.....

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.....

.....

INTERESTED IN CONFERENCE FACILITIES: YES/NO

SIGNED:

DATE: