FUN FLY REGISTRATION

NAME …………………………………………

NUMBER OF PEOPLE………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMPING…………………………………… YES/NO

SATURDAY BREAKFASTS…………….. NUMBER \_\_\_\_\_\_\_\_\_\_\_\_

SATURDAY LUNCH……………………… NUMBER \_\_\_\_\_\_\_\_\_\_\_\_

SATURDAY EVENING MEAL………… NUMBER \_\_\_\_\_\_\_\_\_\_\_\_

SUNDAY BREAKFAST………………….. NUMBER \_\_\_\_\_\_\_\_\_\_\_\_

SUNDAY LUNCH…………………………. NUMBER \_\_\_\_\_\_\_\_\_\_\_\_

ANY DIETARY REQUIREMENTS……

PLEASE COMPLETE THIS FORM AND RETURN IT, AS AN ATTACHMENT, TO info@whkf.org.uk