

WALKING HOLIDAYS APPLICATION FORM

Group name										
Contact										
Address										
Tel no										
E-mail										
Address to which stamps will be sent										
Holiday start date				Holiday end date				No of days		
No of days walking	WH events		BWF events		Payment	Cheque	YES NO	Bank Transfer	YES NO	
WALKING HOLIDAYS DAYS REQUESTED										
	Venue/Area							Km (Approx)		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
Completed forms should be sent to the address above together with payment or details of bank transfer										