

FINALISED DATE OF EVENT: _____

SIMULATED/ FLUSH DAY FORM

LEAD CUSTOMER DETAILS:

Name: _____ Contact Number: _____

Email address: _____ Proposed Dates: _____

How did you hear about us? _____

ATTENDEES:

- How many guns: _____ How many guests: _____
- Do **all** guns possess a valid Shotgun Certificate? YES / NO

Customers are reminded that non- certificate holders must be accompanied at all times whilst shooting.

- Are there any special requirements for the guns or guests? E.g. use of the club buggy for those less mobile.

If yes, please briefly describe below:

THE DAY

- Is this a: **SIMULATED GAME** or **FLUSH*** day? * Would you like a **SPORTING OPTION** with the FLUSH?
- How many drives would you like: FLUSH: **2 3 4** YES or NO
SIM: **3 4** If YES, would you like:
- Drive duration: **SHORT MEDIUM LONG** **50** or **100** birds?

HOSPITALITY:

- Please select a level of hospitality: **DRINKS ONLY DRINKS & SNACKS DRINKS & HOT FOOD COOKED MEAL**
- Would you like an alcohol package? YES / NO
- What kind of alcohol package? **BRING YOUR OWN / INCLUDED**

SIGN AND DATE

Print Name: _____ Date: _____

Signature: _____

Many thanks, we look forward to hosting your event.

OFFICE USE ONLY: DEPOSIT AMOUNT: £ _____ PAID ON: _____ STAFF RECEIVING: _____