

Booking Form
Lough Oughter Canoe Trails

Name _____

Address _____

Phone: (H) _____

(W) _____

(M) _____

E-mail: _____

Emergency Contact Number: _____

Please indicate which date you wish to book for

Day

Date

Month

Number of
people

Tuesday

Thursday

| |
|--|
| |
| |
| |
| |
| |

Please indicate alternative dates if your first choice is booked out

2nd Choice _____

3rd Choice _____

Have you or your party any medical problems that the tour guide should be aware of?

How far can you swim?

Payment

Please indicate method of payment

Cheque

Cash

Signature of Participants

Confirmation, directions, and further information will be returned to you upon receipt of a booking form and fee.

Carratraw Canoe Centre

Inishmore

Butlers Bridge

Co. Cavan

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Email: info@carratrawcanoecentre.com