

# Carlisle Tourism Partnership



Please use this questionnaire to register the details of **outdoor activity providers** with the New Vision DMS. Please give all details in **BLOCK CAPITALS**. We reserve the right to alter data to fit the space available in the computer system. **Please return to: Jude Walsh, Cumbria Tourism, Windermere Road, Staveley, Kendal, Cumbria, LA8 9PL.**

The form consists of four parts:

1. **Contact:** gives details of the person who we can contact to check details.
2. **Venue:** describes the place the visitor goes to enjoy the activity. Complete one copy of this page for each venue with a different address.
3. **Outdoor Activity:** describes a particular outdoor activity regularly available at a venue including costs timings dates etc. Complete one copy of this page for each activity at a venue that has different admission details.
4. **Outdoor Event:** describes an event that occurs on a particular day(s) at a venue. Complete one copy of this page for each different event eg organised walks.

Always complete one copy of the contact and venue pages and at least one of the activity and events page. A large outdoor activity centre may have one venue (the activity centre), several activities such as kayaking, cycling, scrambling and wind surfing and outdoor events such as organised walks.

## 1. Contact

Please give the details of the person for us to contact to confirm details in this questionnaire. This name and address will not be published to members of the public.

Business Name:			
Contact Name:	Mr / Mrs / Miss / Ms		
Address for correspondence:			
Postcode:		Fax No:	
Telephone No:		Mobile No:	
Email:			

Please sign to certify that the information you have provided is correct.

Signature:			
Name:		Date:	

**Please supply an image of your venue,(you may have already supplied a picture, but please note that you can supply separate pictures for each activity) these can be sent as photographs or on a CD, preferably saved as jpeg. Please note: All images appear on the website in landscape format. Please tick this box if you have supplied a picture of the venue:**

**2. Venue – the place the visitor goes to enjoy the activity.**

**Please give the details of the location of the venue/outdoor activity centre.**

Venue Name:		
Address of venue:		
Postcode:		
Web site:		

*Please provide a short description of the venue that summarises its main features (no more than 150 chars):*


*Please provide directions to the venue from the nearest through route:*

Free parking:	<input type="checkbox"/>	Parking with charge:	<input type="checkbox"/>
		Easy to access by public transport:	<input type="checkbox"/>
Nearest train station:			No of miles from nearest train station:

*Please tick the amenities that the venue has to offer:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Baby changing facilities            | <input type="checkbox"/> Gift shop                     | <input type="checkbox"/> Changing Rooms                |
| <input type="checkbox"/> Cash Point                          | <input type="checkbox"/> Italian signs/guides          | <input type="checkbox"/> Equipment Hire                |
| <input type="checkbox"/> Coach parties accepted              | <input type="checkbox"/> On-site catering              | <input type="checkbox"/> Outdoor Gear Shop             |
| <input type="checkbox"/> Credit cards accepted (no fee)      | <input type="checkbox"/> On-site light refreshments    | <input type="checkbox"/> Skills/Training Qualification |
| <input type="checkbox"/> Credit cards accepted (with charge) | <input type="checkbox"/> Picnic site                   | <input type="checkbox"/> Navigation Training           |
| <input type="checkbox"/> Disabled access                     | <input type="checkbox"/> Post box                      | <input type="checkbox"/> Team Building                 |
| <input type="checkbox"/> Disabled toilets                    | <input type="checkbox"/> Public toilets                | <input type="checkbox"/> Corporate Events              |
| <input type="checkbox"/> Education/study area                | <input type="checkbox"/> Regional Tourist Board Member |  |
| <input type="checkbox"/> Facilities for groups               | <input type="checkbox"/> Spanish signs/guides          |  |
| <input type="checkbox"/> Facilities for school visits        | <input type="checkbox"/> Telephone (public)            |  |
| <input type="checkbox"/> French signs/guides                 | <input type="checkbox"/> Welcome Host                  |  |
| <input type="checkbox"/> German signs/guides                 | <input type="checkbox"/> Wheelchairs available         |  |

*Comments about amenities:*

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*Please tick the option that best describes the area of your venue:*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Carlisle & Hadrian's Wall  | <input type="checkbox"/> Keswick & Western Lake District     | <input type="checkbox"/> Alston & North Pennines     |
| <input type="checkbox"/> Ullswater & Eden Valley    | <input type="checkbox"/> Coniston & Lake District Peninsulas | <input type="checkbox"/> Kendal & Southern Lakes     |
| <input type="checkbox"/> Sedbergh & Yorkshire Dales |  | <input type="checkbox"/> Lake District National Park |

### 3. Outdoor Activity

Please give details of each activity that you offer (copy this page as often as necessary).

Name of activity:

Please tick if picture of activity is enclosed:

Please give details of charges including concessions and special rates for groups:

Entry is free <input type="checkbox"/>

Please give contact details for members of the public to use:

Contact Name:	Mr / Mrs / Miss / Ms		
Telephone No:		Mobile No:	
Website:			
Email:			

Please tick the amenities that apply to the activity:

- Children welcome                       Disabled access

Please give a full description of the outdoor activity (eg route and grade):

Please give time of activity for each day eg 9:00-13:00, 14:30 – 17:00 (if not open on a day please put a cross through it) or tick here if open 24 hours a day 365 days a year:

Season dates	Mon	Tue	Wed	Thu	Fri	Sat	Sun
__ / __ / __ to __ / __ / __							
__ / __ / __ to __ / __ / __							
__ / __ / __ to __ / __ / __							

Bank Holidays – if **different** from normal opening time (if not open on a day, please put a cross through it).

New Year	Good Fri	Easter Sat	Easter Sun	Easter Mon	May Day	May BH Sat
May BH Sun	May BH Mon	Aug BH Sat	Aug BH Sun	Aug BH Mon	Christmas	Boxing Day

Further notes on opening arrangements (eg latest activity start)

Please give accreditation details

- AALA (till.....?)       ROAM                       NGB.....(which

**5. Outdoor Event**

Please give details of each event (eg organised walk):

Name of event:

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Please tick if picture of event is enclosed:

Please give details of entry charges including concessions and special rates for groups :

Entry is free	<input type="checkbox"/>

Please give contact details for members of the public to use (if different from venue):

Contact Name:

Mr / Mrs / Miss / Ms
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Telephone No:

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Mobile No:

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Website:

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Email:

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Please tick the amenities at the event:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Children welcome | <input type="checkbox"/> Dogs accepted                         | <input type="checkbox"/> Smoking allowed     |
| <input type="checkbox"/> Disabled access  | <input type="checkbox"/> Dogs not accepted (except guide dogs) | <input type="checkbox"/> Smoking not allowed |

Please give a full description of the outdoor event (continue overleaf if required):


Please give date(s) and time(s) for each day eg 9:00-13:00, 14:30 – 17:00. If different times for each day, please use separate rows.

Date(s)	Time
__ / __ / __ to __ / __ / __	
__ / __ / __ to __ / __ / __	
__ / __ / __ to __ / __ / __	

Further notes on opening arrangements


**Legal Statement For Submission Of Information To Tourism Promoters**

This questionnaire is your way of telling Cumbria Tourism, Local Councils and Visit Britain about your tourism product or service and of being part of their promotional activities for the coming year.

The information you provide may be published by the tourist boards or be made available to Tourist Information Centres in helping with enquiries from the public and other third parties. Additionally, the tourist boards may pass the information to third parties for inclusion, at their discretion, in tourism-related publications. There is no guarantee that the information, which you may have supplied, will be published or used either in the form submitted or at all. If it is, the tourist boards will make every reasonable effort to ensure accuracy but regret that they cannot accept liability of any kind arising from or in connection with the use or publication of the information, either by themselves or third parties, including as a result of any error or omission on the part of the tourist boards. Nothing in the foregoing disclaimer shall operate or be construed so as to bar any claim resulting in the personal injury or death of any person.

I have read the information supplied and warrant that the information provided is true and accurate and if published will not constitute an offence under the Consumer Protection Act From Unfair Trading Regulations 2008.

*Please tick the following boxes if you agree to your data being used for use in the following areas.*

- The Tourism Promoters sometimes make data available to carefully selected organisations whose products and services may be of interest to you. Please tick if you do wish your data to be passed on in this way.
- The Tourism Promoters sometimes make data available to carefully selected organisations for inclusion in tourism-related publications and websites for the purpose of, but not limited to, providing you with potential additional customers and/or sales leads. Please tick if you do wish your data to be passed on in this way.
- Please tick if you do consent to the Tourism Promoters passing the information you have supplied to persons and/or organisations located outside the European Economic Area.

**Declaration**

I accept the above statement for submission of information to tourism promoters.

Signature	
Print Name	
Position	
Date	
Office code:	(for office use only)