

BOOKING APPLICATION

Name of Group (Church, school, organisation, etc)

On-site group leader On-site group leader Email:	number:				
Dates required:	Arrive on Depart on				
Number of guests: Day Visitors:	Child (3-11	L)			
CATERING requir					
First meal: 🗌 bre	eakfast	lunch	🗌 dinner	date:	
Last meal: 🗌 b	reakfast	lunch	dinner	date:	
Accommodation Typ Groups of 34 and un Budget West Wing Groups of 35 and ove Full Lodge	der:		ith ensuites	Full Lodge	
	_			pillow, towel and toileti	
-		-		e:	
Deposit of \$	_enclosed	Payment type	e Mastercar	visa	-
Credit Card no:			expiry date	:/ CCV:	-
Card Holder name: Credit card payment	incurs a 2.2%	surcharge f	signature: ee.		-
PO Box 117 (21 Brid	lges Rd) Gerr	ingong NSW	2534 M:	0435 829 334	