

R. and M. Reurich (Holdings) Pty. Ltd. (ACN 001 143 291) trading as

Fitzroy Falls Conference Centre

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ABN 65 001 143 291

BOOKING FORM AND HIRE AGREEMENT

Name of Group: _____

Accommodation: (please tick) Area 1

Area 2

Park Cabins - Number Required (1 to 8): _____

Each item listed below incurs an extra cost. Please check the pricing details carefully.

Other Information: Catering Required? Yes No

(If yes, Special Dietary Requirements must be phoned or faxed 2 weeks before camp)

(please tick) Activities Required? Yes No

Pool Heating Required? Yes No

Period of Stay:

From ____/____/____ to ____/____/____

Arrive ____am / pm Depart ____am / pm

Details of Group:

Estimated number attending: _____

Number of adults attending: _____ Number of children attending: _____

Deposit: A deposit of \$ _____ must be returned with this form to confirm your booking

Contact Details: (Prior to camp)

Mr/Mrs/Ms/Miss _____ Email: _____

Phone (home): _____ (work): _____ Fax: _____

Address: _____ Postcode: _____

Agreement: The payment of a deposit by the hirer constitutes an agreement to hire the use of the facilities from the campsite.

Payment: Full payment is required prior to departure from the camp. If necessary, any additional expenses incurred (extra campers, breakages, etc) will be invoiced and payment is requested within 14 days.

Rates: A minimum rate for campsite hire is required. Please check the rate sheet.

Cancellation: Deposit refunds will only be given for cancellations made 4 months in advance of the camp date. Cancellations made within 6 weeks of the period booked will be required to pay the minimum rate. In the event of a cancellation by the campsite the hirer shall be entitled to a full refund of all monies paid.

Other Conditions: _____

I have read the information above and the "General Conditions of Hire" and the group and I agree to abide by them. I also acknowledge it is my responsibility to inform the group of these conditions.

Signature of applicant: _____ Date: ____/____/____

Position held: _____ Deposit enclosed: \$ _____

PLEASE RETURN THIS FORM WITH THE DEPOSIT TO THE POSTAL ADDRESS AND KEEP A COPY FOR YOUR RECORDS.

Office Use: Application Approved Yes/No Receipt Number: _____ Date: _____