

OCCUPANT DETAILS

Please note, this form is to be returned fourteen (14) days prior to the commencement of your stay with a copy of the cabin allocations including names of all camp attendees.

NAME OF HIRING GROUP _____ DATE CAMP COMMENCES _____
 CONTACT PERSON _____ DATE CAMP CONCLUDES _____
 PHONE _____ TIME CAMP COMMENCES _____
 FAX _____ TIME CAMP CONCLUDES _____
 MOBILE _____ AGE OF CAMPERS _____
 EMAIL _____

FINAL NUMBERS

Please complete the following table as accurately as possible. The numbers recorded below will inform your invoice.

FULL TIME CAMPERS

	ADULT MALE (GROUP LEADERS, BUS DRIVERS & PARENTS)	ADULT FEMALE (GROUP LEADERS, BUS DRIVERS & PARENTS)	CHILD MALE (CAMPERS)	CHILD FEMALE (CAMPERS)	TOTAL CAMPERS
ALL NIGHTS					

PART TIME/DAY CAMPERS (If applicable)

	ADULT MALE			ADULT FEMALE			CHILD MALE			CHILD FEMALE			DAY CAMPER (NO NIGHTS)			TOTAL	
	MEALS	B	L	D	B	L	D	B	L	D	B	L	D	B	L		D
NIGHT 1																	
NIGHT 2																	
NIGHT 3																	
NIGHT 4																	
NIGHT 5																	
NIGHT 6																	
NIGHT 7																	

ADDITIONAL DETAILS

Does your group require:

- CYC to organise coaches?
- Linen?
- Specific sound/PA requirements?
- Night supervision?
- Buffet meals?

OTHER NOTES

HIRER'S STATEMENT

- I confirm that our final numbers are those outlined above.
- I understand that these are the numbers that will be used for booking, programming and invoicing purposes and that no reductions will apply for late withdrawals.
- I understand that full payment is required prior to the commencement of my stay.

Signed: _____ Date: _____

