

2021 BRIDGETOWN SCHOOL CAMP BOOKING FORM

| Organisation Information | | | |
|---|-----------------|---|---|
| School Name: | | ABN: | |
| Postal address: | | | |
| City: | | Phone: | |
| Primary Contact Name: | | Email: | |
| Billing Email Address: | | | |
| Event Information | | | |
| Check In Date: | | Check Out Date: | |
| TOTAL Guest: | Male : | Female: | Supervisors: |
| 24 Hour Contact Person (During Event): | | | Mobile no: |
| Arrival Time: | | Departure Time: | |
| <u>Catering Required?</u> Yes / No | | <u>Activities Required?</u> Yes / No | |
| Preferred Accommodation (<i>Subject to availability</i>) | | | |
| <i>Please Note – Beds have pillow and protective cover ONLY. Groups are required to supply own bedding, pillow case and towel. Linen packs available to hire \$15.00 per person</i> | | | |
| Student Rooms | | Staff Rooms | |
| <i>Cattle Yard</i> | <i>16 beds</i> | <i>Turkey Pen</i> | <i>2 staff beds</i> |
| <i>Sheep Shed</i> | <i>12 beds</i> | <i>Guinea Fowl Roost</i> | <i>2 staff beds</i> |
| <i>Chook House</i> | <i>8 beds</i> | <i>Pigeon Coop</i> | <i>2 staff beds</i> |
| <i>Pig Pen</i> | <i>8 beds</i> | <i>Chicken hatchery</i> | <i>4 staff beds</i> |
| <i>Duck Pond</i> | <i>8 beds</i> | <i>Bus driver room</i> | <i>3 staff beds</i> |
| <i>Frog Swamp</i> | <i>6 beds</i> | <i>LINEN PACKS REQ:</i> | <i>Number:</i> |
| <i>Worm Farm</i> | <i>6 beds</i> | | |
| The site has limited wheelchair access. Please note Dorm access is 2pm & check out is 10am. | | | |
| Notes / Special Requests? <i>ie students with disabilities:</i> | | | |
| | | | |
| | | | |
| 2021 Department of Education School Group Rates | | | |
| | STUDENTS | ADULTS | ‘Meals’ includes continental breakfast, lunch, dinner and dessert. Fruit and biscuits are provided for morning and afternoon Tea. |
| Accommodation | \$22.73 | \$27.90 | |
| Meals | \$27.27 | \$34.10 | |
| Sub Total (exc. GST) | \$50.00 | \$62.00 | OPTIONAL ADD ONS (exc. GST) |
| GST | \$5.00 | \$6.20 | Cooked Breakfast - \$5pp/day |
| TOTAL/night | \$55.00 | \$68.20 | Substantial M/A Tea- \$5pp/day |
| | | | YES / NO |
| | | | YES / NO |

| | | | |
|--|---------|-------------------------------|--|
| Billing Information | | Purchase Order Number: | |
| Deposit - \$500 made by: (please circle) EFT/Invoice or Credit Card (complete details below) | | | |
| Card Holder Name: | | | |
| Card Number: | Expiry: | Security Code: | |
| Card Holders Signature: | Date: | | |
| <i>If you are paying your deposit by EFT our bank details are below. Please put your booking number and surname as reference.</i> | | | |
| Bank: Westpac Acc. Name: Fairbridge Western Australia Inc BSB: 036-171 Account Number: 209057 | | | |
| <u>Booking Conditions</u> | | | |
| TERMS AND CONDITIONS | | | |
| CONFIRMATION | | | |
| Signed confirmation of the booking must be received within 14 days of the original booking being made along with a \$500 deposit and Credit Card details to secure the reservation. Once deposit is received, you are confirming you agree with our Terms & Conditions. The Management reserves the right to cancel the booking and reallocate the accommodation if a deposit is not received. | | | |
| CANCELLATION | | | |
| Deposits paid to Fairbridge Western Australia Inc are refundable if cancellations are received up to 14 days prior to check in date. Cancellations with less than 7 days' notice will be charged 100% of the expected revenue. | | | |
| CATERING | | | |
| The final number of guests including all dietary requirements is required 10 days prior to check in | | | |
| PAYMENT | | | |
| Full payment is due 7 days after departure. | | | |
| RESPONSIBILITY | | | |
| Management will not accept any responsibility for damages to or loss of property left in the camp prior to, during or after the booking. | | | |
| The group organiser is financially responsible for the make good of any damage or reinstating buildings to their original state whether in the area reserved or another part of the camp. Any charges will be deducted from the Credit Card details on file. | | | |
| If you require any information, please call: 1800 440 770 | | | |
| Confirmation | | | |
| I confirm that the details above are true & correct. I have read and understand these terms and conditions. I agree to abide by them and understand that it is my responsibility to inform the group of these conditions. | | | |
| Signature of applicant: | | Date: | |