



**CAMP CROCODILE BOOKING SHEET**

Name of Organisation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date booking received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of sleep over \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Child Participants (@ \$74 each): \_\_\_\_\_

**Total:**

Number of Adult Participants (@ \$84 ea): \_\_\_\_\_

Age/Year Level of Child Participants: \_\_\_\_\_

Please report any Allergies \_\_\_\_\_

---

**FOR EDUCATION USE ONLY**

Confirmation letter sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

The following personnel / departments have been notified:

Food & Beverage:

WHS:

Photography:

Bookings:

Grounds Services:

Night Tours

Deposit to be received on or before \_\_\_\_/\_\_\_\_/\_\_\_\_

**Deposit of \$** \_\_\_\_\_ **received** \_\_\_\_/\_\_\_\_/\_\_\_\_

Permission forms and balance of payment to be received on or before: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Balance of \$** \_\_\_\_\_ **received** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Permission forms received** \_\_\_\_/\_\_\_\_/\_\_\_\_