

PLEASE FAX THIS FORM TO **02 9638 0788** TO ENSURE YOU SECURE A
BOOKING FOR YOU NEXT VACATION CARE PROGRAM



VACATION CARE BOOKING FORM

Rosehill

Today's Date: ____/____/____

Vacation Care Organisation Name: _____

Coordinator's Name: _____

Street Address: _____ Subu

rb: _____ Postcode: _____

Telephone Number: _____ Mobile Number _____

Fax Number: _____ EMAIL: _____

Requested Booking Date: ____/____/____

Estimated Number of Children: _____

Estimated time of arrival: _____

PACKAGE:

Entry Only (\$11.00 per child): 1 Climb Token per Child (\$2)

Entry Plus Lunch: (\$15.50 per child): Unlimited Climbs per child (\$6)

Name of Person in charge attending on the day: _____

METHOD OF PAYMENT:

Cash: Credit Card: Cheque: Other (please specify)

Your Name (please Print) _____ Signature _____

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