

SCHOOL HOLIDAY CAMP BILLABONG RANCH CONFIRMATION OF BOOKING

PARENT OR GUARDIAN: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____

NAME OF CHILD: _____

AGE: _____

DURATION OF STAY:

FROM: _____

TO: _____

TOTAL AMOUNT PAYABLE; \$699.00 ____

DEPOSIT REQUIRED AS CONFIRMATION OF BOOKING; \$200.00 ____

BALANCE PAYABLE ON ARRIVAL; \$499.00 ____

SIGNED: _____

DATE: _____

ARRIVE: SUNDAY AFTERNOON 5.00PM
DEPART: SATURDAY MORNING 10.00AM

SEND TO:
BILLABONG RANCH
PO BOX 1110
ECHUCA 3564

PLEASE CALL 03 5483 5122
FOR DIRECT DEPOSIT DETAILS
OR TO PAY BY CREDIT CARD