

SCHOOL HOLIDAY CAMP BILLABONG RANCH CONFIRMATION OF BOOKING

PARENT OR GUARDIAN: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____

NAME OF CHILD: _____

AGE: _____

DURATION OF STAY:

FROM: _____, 2025

TO: _____, 2025

TOTAL AMOUNT PAYABLE: \$1200.00

DEPOSIT REQUIRED AS CONFIRMATION OF BOOKING: \$200.00

BALANCE PAYABLE ON ARRIVAL: \$1000.00

SIGNED: _____

DATE: _____

ARRIVE: SUNDAY AFTERNOON BETWEEN 4.00PM & 5.30PM

DEPART: FRIDAY AFTERNOON BETWEEN 3.00PM & 5.30PM

OR SATURDAY MORNING 9.00AM TO 9.30AM

SEND TO:
BILLABONG RANCH
PO BOX 1110
ECHUCA 3564

DIRECT CREDIT DETAILS
BSB 063511
ACCOUNT 10428184
PLEASE USE SHCsurnameSTARTDATE AS
REFERENCE