



BOOKING FORM



CONTACT INFORMATION:

Group Name: _____

Contact Person (*all information will be sent to this person*): _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Telephone: _____ Mobile: _____

Fax: _____ Email address: _____

BOOKING DETAILS:

Arrival Date: _____ Departure Date: _____

Arrival Time (Estimated): _____ Departure Time (Estimated): _____

Number of people: _____ Age Range: _____

CATERING:

Do you require Catering service during your stay? Yes No

Do you require Self Catering service during your stay? Yes No

Please ensure you have discussed with the Coordinator to finalise Catering selection and / or Self-Catering set up during your stay

ACTIVITIES:

Would you like to conduct Activities during your stay? Yes No

Please ensure you have discussed with the Coordinator to finalise Activity selection during your stay

SPECIAL NEEDS

Do you have any attendees with special needs? Yes No

Please list: _____

Please complete **all details** and return to Bribie Island Retreat and Recreation Centre - Scan and email to coordinator@gobribieisland.org - so that your booking can be organised.