



Group Booking Form 2018 (10 or more PAX)

If accepting a booking by phone or forwarding a booking please fill in all details.

Group Name _____

Contact Address _____

Phone _____

Contact Person _____

Email Address _____

Staff member taking booking & Date taken _____

BOOKING DETAILS

Requested visit date -

Requested visit time - am/pm

| RATE | Number in Group |
|-------------------------|---|
| Group rate \$8.00----- | <input style="width: 50px; height: 20px;" type="text"/> |
| Year 7 – 12 \$8.00----- | <input style="width: 50px; height: 20px;" type="text"/> |
| K – Year 6 \$5.00----- | <input style="width: 50px; height: 20px;" type="text"/> |

Additional Items required;

| | | | |
|---|------------------------------|-----------------------------|-------|
| Morning or afternoon tea @ \$6 p/h | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Lunch <u>from</u> \$12 – please enquire | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| BBQ & picnic facilities Free Of Charge | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Other activities – please enquire | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

Please note that catering costs booked MUST be paid for unless cancelled or altered 48 hours in advance.

Total Cost.....

Preferred payment option (please circle)invoice / pay during visit

Signed

Please print name

Date

Phone, Email or Post booking form
Phone 02 63441008
 aof@colourcity.com
 PO Box 216 Canowindra NSW 2804
 www.ageoffishes.org.au

OFFICE USE ONLY

Booking confirmed _____

Invoice Method _____

Date Invoice Sent _____

Method of Payment _____

Date Payment Received _____