

CLUB LORNE OUTDOOR EDUCATION CAMP ABN: 75 362 318 669

BOOKING FORM AND HIRE AGREEMENT

Name of Hire Group:
Accommodation: (please tick) CATERED SELF-CATERED
Period of Stay: From:/ to/ Arrive: am/pm Depart: am/pm
Cost per person: Minimum charge \$ Cost includes: Nights Meals
Deposit and Bond: A deposit and bond of \$1000.00 must be returned with this form within 14 days to confirm your booking.
Group Details:
Est. No. in party: (Please include all Staff and Campers)
Age range of campers: No. of adults: No. of children:
CONTACT DETAILS: (Please complete all contact details)
Phone: (B) (M): Fax:
Organisation: Email:
Address:

AGREEMENT: The payment of a deposit by the hirer constitutes an agreement to hire the use of the facilities from the campsite. **PAYMENT:** Full payment is required on arrival at the campsite. If necessary, any additional expenses incurred (extra campers, breakages etc.) will be invoiced and payment is requested within 7 days. **LIABILITY:** Club Lorne Outdoor Education Camp and its agents and employees do not accept liability for loss of property or damage or personal injury arising from the use of the facilities. The hirer is responsible for ensuring that they have appropriate public liability insurance for their group. **CANCELLATION:** Deposit refunds will only be given for cancellations made 90 days in advance of the camp date. Groups cancelling with less than 90 days notice to the campsite are liable for full payment of the minimum charge detailed above. In the event of a cancellation by the campsite the hirer shall be entitled to a full refund of all monies paid. **PRIVACY ACT:** The campsite gives assurance that any personal information including medical details gathered by the campsite, or provided by the group leader, will remain confidential and only used for the purposes for which it was collected. **GST (Goods and Services Tax)**: The quoted cost per person is inclusive of GST.

Other Conditions:

I have read the information above, and the attached 'General Conditions for Hire'. The group and I agree to abide by them. I also acknowledge it is my responsibility to inform the group of these conditions.						
Signature of Applicant:			_ Date: _	/	_/ 20	
Position Held:	Deposit enclosed: \$					
Office use: Application Approved	Receipt No:	Date:				

PLEASE RETURN THIS FORM WITH THE DEPOSIT TO THE ABOVE ADDRESS AND KEEP A COPY FOR YOUR RECORDS.

Enquiries and bookings should be directed to: Club Lorne Outdoor Education Camp: PO BOX 139, Lorne VIC 3232 Phone/Fax: 03 5289 2404 Mobile: 0409 805 843