

SCHOOL HOLIDAY CAMP BILLABONG RANCH

CONFIRMATION OF BOOKING

PARENT OR
GUARDIAN; _____

ADDRESS; _____

PHONE; _____

NAME OF CHILD; _____

AGE; _____

DURATION OF STAY;

FROM; _____ -- _____

TO; _____

TOTAL AMOUNT PAYABLE; _____ **\$525.00** _____

DEPOSIT REQUIRED AS CONFIRMATION OF BOOKING;

_____ **\$225.00** _____

BALANCE PAYABLE ON ARRIVAL; _____ **\$300.00** _____

SIGNED; _____

DATE; _____

ARRIVE SUNDAY AFTERNOON 5-00PM * DEPART 10-00AM SATURDAY

**SEND TO BILLABONG RANCH
PO BOX 1110
ECHUCA 3564**