BOOKING FORM

Please fill in and return to us, as soon as possible

Name of group applying

Address

__________________________________________________________________________ Postcode ______

Telephone: (08) __________________________ Fax: (08) __________________________

E-Mail

Name of person responsible for organising camp

Dates preferred:

1. __________________________________________

2. __________________________________________

Number of students: Male _____ Female _____ Year Level ______________

________________________________________________________________________

Principals’ Signature/Teacher in Charge

Date: __________________________________________

PLEASE RETURN BY FAX (08) 9761 1866 - OR BY POST:

Bridgetown Camp School, 90 Roe Street, Bridgetown 6255

Telephone: 08 9761 1691 • Facsimile: 08 9761 1866
Website: http://www.bridgetowncampschool.wa.edu.au
Email: Bridgetown.CS@education.wa.edu.au
ABN: 42 315 920 415