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 EMAIL: Bridgetown.CS@education.wa.edu.au

OR BY POST: Bridgetown Camp School, 90 Roe Street, Bridgetown 6255

Telephone: 08 9764 6000
Website: www.bridgetowncampschool.wa.edu.au
Email: Bridgetown.CS@education.wa.edu.au
ABN: 42 315 920 415