

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 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

RETURN THIS FORM PRIOR TO CAMP