



ABN NO: 31 040 928001 138 Darrigans Road, Corop
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SCHOOL BOOKING FORM & HIRE AGREEMENT

Name of school: _____

Period of Stay: From: ____/____/____ to ____/____/____ Arrive: ____ am/ pm Depart ____ am/ pm

Cost per person (including GST): \$ _____ Minimum numbers: _____

Deposit: A deposit of \$ _____ must be returned with this form to secure your booking.

Details of Group: Number of students: _____ Year Level: _____ Number of adults: _____
(teachers free of charge: ratio 1:10 others at student rates.)

Day Trip (additional Charge):	Echuca	Bendigo	Kyabram
Preferred contact method:	Email	Phone	Fax

CONTACT DETAILS: Name:.....

Email:..... Fax:.....

Address:..... Phone:.....

..... Postcode:.....

AGREEMENT: Deposit paid by the hirer constitutes an agreement to hire the use of the facilities from the campsite.

MINIMUM NUMBERS: The minimum numbers of campers as arranged with the campsite will be charged.

PAYMENT: Full payment is required upon arrival unless otherwise negotiated. If necessary, any additional expenses incurred (extra campers, breakages etc.) will be invoiced and payment is requested within 7 days.

LIABILITY: Camp Curumbene (campsite) 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. **Note:** Camp Curumbene holds all necessary insurance for public risk and injury, (as per industry and accreditation requirements), however it is strongly advised that all user groups also hold their own insurance coverage.

CANCELLATION: Deposit **refunds** will only be given for cancellations made 6 months in advance of the camp date. A cancellation fee of the stated minimum charge is applicable to the hirer if the booking is cancelled within 90 days of the camp dates. 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.

OTHER CONDITIONS: _____

I have read the information above and the attached 'General Conditions for Hire' and the group and I agree to abide by them. I also acknowledge it is my responsibility to inform the group of these conditions including the first aid arrangements, emergency procedures and the safety brief.

Signature of Applicant: _____

Date: ____ / ____ / ____

Position Held: _____

Deposit enclosed: \$ _____

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