



Final Details Form

To enable us to meet your groups' needs, please complete the following details and return it with any other information required by fax or email no later than 3 weeks prior to your booking.

Group Name _____

Group Arrival Date: _____ Group Departure Date: _____

No. of Female Supervisors: _____ No. of Male Supervisors: _____

No. of Students Total: _____ No. of Female Students: _____

No. of Male Students: _____ No. of Day Visitors: _____

Day Visitor Activities: _____

Day Visitor Meals: _____

Please Note: Your group will be invoiced on the above details.

Visitor names, dates and times (to be negotiated with your Blue Light program coordinator)

Electronic Equipment Request	Date Required	Time
Data Projector		
CD/ MP3 Music System		
Disco Lights		
Smoke Machine		
Microphone		
White Board		

Groups will be invoiced for replacement of any borrowed items that have been damaged or lost.

Student Birthdays e.g. Lisa Smith - Tuesday 7th

Signed: _____ Position: _____

Group Leader's Mobile: _____ Date: _____

Principal's Emergency Contact Details

Name: _____ Mobile: _____