

Post to
PO Box 120
PROSPECT SA 5082

ABN 34 111 557 530

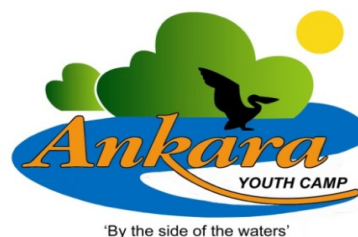
Phone (08) 8269 2177

Fax (08) 8344 8068

enquiries: ankarayouthcamp@adventist.org.au

website: www.ankaracamp.org.au

bookings: (08) 8570 8043



Operated by the Seventh-day Adventist Church
(South Australian Conference) Limited

Application Form

Name of Your Organisation _____

Phone Nos _____

Organisation Postal Address _____

Postcode _____

Leader's Name _____

Phone Nos _____

Email _____

Postal Address _____

Postcode _____

Number Expected in Group (including staff) **Male** _____ **Female** _____

If you are uncertain about the numbers attending your camp, please give approximate numbers.
A Minimum Charge of 25 people per night applies for all group bookings.

Purpose _____ **Age Group** _____

Date of Arrival _____ **Expected Time of Arrival** _____

Date of Departure _____ **Expected Time of Departure** _____

Leader's Signature: _____ **Date Signed** _____

How did you hear about our campsite? _____

Enclosed is a bond of \$250.00 / \$500.00

\$250 for bookings up to 3 days (2 nights) duration
\$500 for bookings 4 days (3 nights) & longer duration

OR **Bond rolled over from** _____ **Enclosed:** \$ _____

Bond will be deducted from Invoice for your camp when all fees and damages have been finalised.
If you prefer, the bond can be rolled over for another camp.

Office Use Only

BOND & APPLICATION FORM

TOTAL PAID \$ _____

Date Received _____

Receipt No _____

Nights of Occupancy _____

Email Confirmation to Leader _____

ANKARA INVOICE

TOTAL PAID \$ _____

Date Received _____

Receipt No _____

Date of Invoice _____

Invoice No _____