## Registration Form

To be completed and returned to Marie Battle, PO Box 4013, Forster 2428 or marie.battle@bigpond.com by Tuesday $1^{\text {st }}$ October 2019 Name:

Address: $\qquad$

## Phone No.:

$\qquad$

## Email:

Please advise of any dietary requirements (additional cost of $\mathbf{\$ 3 . 0 0}$ per meal):

Please advise of any special medical/accomm. needs:

Please provide name \& phone number for contact person, in case of an emergency:

If you would like to be accommodated in the same cabin/house/motel room with someone in particular, please indicate their name/s below:

Please indicate below the type of accommodation you would prefer.

|  | Cost - 2 nights <br> (per person) | Preferred <br> Accomm. |
| :--- | :---: | :---: |
| Motel Units - SINGLE room | $\$ 200.00$ |  |
| Motel Units - SHARED room | $\$ 100.00$ |  |
| House (sleeps 8 with 2 bathrooms) - <br> SINGLE room | $\$ 100.00$ |  |
| House (sleeps 8 with 2 bathrooms) - <br> SHARED room | $\$ 70.00$ |  |
| Cabin (sleep 3-5 people with 1or 2 <br> bathrooms depending on size) <br> SINGLE room | $\$ 90.00$ |  |
| Cabin (sleep 3-5 people with 1or 2 <br> bathrooms depending on size) <br> SHARED room | $\$ 60.00$ |  |
| Camp/Caravan sites (2 people) | $\$ 56.00$ |  |
| Additional campers per site | $\$ 20.00$ |  |


| Registration Fees | $\mathbf{\$}$ |  |
| :--- | :--- | :--- |
| Accommodation (from above) |  |  |
| Meals (Standard) | $\$ 113.50$ |  |
| Meals (Special dietary needs) | $\$ 134.50$ |  |
| Less Presbytery Subsidy | $\mathbf{\$}$ |  |
| TOTAL PAYABLE | $\mathbf{\$} 0.00)$ |  |

## Please indicate how you will be paying:

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