



ABN 50 128 652 079

**Campsite Location:** (Opposite Lake Leschenaultia) 400 Leschenaultia Place, Chidlow, WA

**Postal Address:** 1930 Richardson Road, Parkerville 6081

**Phone:** (08) 9295 5444 **Mob:** 0409 104 817

**Web:** [www.camplesch.com.au](http://www.camplesch.com.au) **Email:** [info@camplesch.com.au](mailto:info@camplesch.com.au)

## Application for Hire

Name of Hire group \_\_\_\_\_

Do you require Camp Leschenaultia to arrange your catering?

(Please circle): YES NO

Period of stay: From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Arrive: \_\_\_\_\_ am/pm. Depart \_\_\_\_\_ am/pm

- Deposit: A deposit of \$400.00 must be returned with this form as soon as possible to confirm your booking.
- Details of group: Est. Total number in group, including staff and campers: \_\_\_\_\_
- Age range of campers: \_\_\_\_\_
- Estimated No. of adults \_\_\_\_\_ High School \_\_\_\_\_ Primary School \_\_\_\_\_

( you need a minimum of 20 overnight campers/leaders per night as it is a large facility you are hiring with exclusive use )

**CONTACT DETAILS:** prior to camp

Mr/Ms/Mrs/Miss: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

**AGREEMENT:** The payment of a deposit of \$400 by the hirer constitutes an agreement to hire the use of the facilities at the campsite.

**PAYMENT: Full payment is required on departure at the campsite.**

**LIABILITY:** Camp Leschenaultia and it's agents and employees do not accept liability for loss of property or damage or personal injury arising from the use of facilities.

**CANCELLATION:** Deposit refunds will only be given for cancellation made 90 days in advance of the camp start date in the event of a cancellation by the campsite; the hirer shall be entitled to a full refund of all money paid.

**GST (GOODS AND SERVICE TAX):** GST will be charged as of the first of July 2008.

I have read the information above and the attached 'General Conditions for Hire'. The group and I agree to abide by them. I also acknowledge it is my responsibility to inform the group of these conditions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Position Held: \_\_\_\_\_ Deposit enclosed \$ \_\_\_\_\_