

YOUNG ADULT SPIRITUAL RETREAT

BOOKING FORM

First Name _____ Surname _____

Address _____

Suburb _____ Post Code _____

Phone _____ Mobile _____

Email _____

Total Cost: \$85

Method of Payment	OFFICE USE ONLY
<input type="checkbox"/> Cash	DATE RECEIVED
<input type="checkbox"/> Cheque	
<input type="checkbox"/> Visa	I NEED A RECEIPT: YES /
<input type="checkbox"/> Mastercard	NO
Credit Card No _____ Exp Date _____	
Signature _____	

PLEASE ENSURE YOU HAVE FILLED OUT AN 18+ MEDICAL & CONSENT FORM IN ADDITION TO THIS BOOKING FORM.

IN COMING ON THIS CAMP YOU AGREE TO ABIDE BY ALL CONDITIONS RELATIVE TO THE CAMP IN ACCORDANCE TO THE BELIEFS OF THE SEVENTH-DAY ADVENTIST CHURCH AND THE GROUND RULES OF CAMP SOMERSET WHICH ARE TO ENSURE YOUR SAFETY AND ENJOYMENT. THE ORGANISERS RESERVE THE RIGHT TO CANCEL ANY PERSONS BOOKING AND ESCORT THEM OFF THE SITE/PREMISES IMMEDIATELY SHOULD IT BE DEEMED NECESSARY OR REMOVE YOU FROM AN ACTIVITY. THE ORGANISERS CANNOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO PERSONS OR PERSONAL PROPERTY.

NAME: _____ SIGNATURE: _____