

# BOOKING APPLICATION/ENQUIRY

Date ..... / ..... / .....

ABN 28 557 144 044  
Registration No. A000 69898



## Peninsula

SKI CLUB INC.

Name .....

Address .....

..... Postcode .....

Phone (H) .....

Phone (W) .....

Mobile .....

Fax .....

Email .....

**Booking:**

Email [bookings@peninsulaski.com.au](mailto:bookings@peninsulaski.com.au)

ABN 28 557 144 044

Registration No. A000 69898 R

**Tel 0488 616 530**

**ACCOMMODATION REQUIRED**

First Night		Last Night		No. of Nights	Full Names of Occupants	Beds required and number	
Day	Month	Day	Month			Double	Single

**TO BE FILLED IN BY BOOKING OFFICER**

First Night		Last Night		No. of Nights	Beds provided and number		Rates	Amount
Day	Month	Day	Month		Double	Single		
<b>TOTAL</b>								\$
This Includes a GST amount of								\$

Booking Officer .....

**PLEASE NOTE**

Room allocation must be adhered to.  
Smoking is not permitted within the lodge.

**CANCELLATION OF BOOKINGS**

For bookings cancelled with more than 28 days notice, a refund will be given, less our cancellation fee of 10% of the cancelled booking.  
After this deadline, if the booking officer can resell the booking, a refund will be given, less our cancellation fee of 10% of the cancelled booking.  
If the booking officer is unable to resell the booking, no refunds can be given.

**METHOD OF PAYMENT**

Cash       Cheque       Credit Card

Visa

Mastercard

Name on card .....

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Credit card number

Expiry ..... / .....

X

Signature (required for Credit Payment)