



## 2010 MUNIONG SKI CLUB BOOKING FORM

Name	Age (if under 18 years)	Adult meal for child?	Gender	Member or Guest	Amount (\$)
<b>TOTAL</b>					

Please tick the box above to request adult meals for children. **Note:** these children are charged at the 80% rate. Please advise the booking officer of any special needs / dietary requirements.

**Booking Received from:**

Name .....

Address .....

Phone No .....

Email .....

**Booking Period** (Please give 3 options) **and Room Preference:**

1<sup>st</sup> Preference .....

2<sup>nd</sup> Preference .....

3<sup>rd</sup> Preference .....

**Payment Method:** (Please tick box):

- Mail:** Complete the booking form and return it to the Booking Officer, together with your cheque or money order, made payable to **"Munionsg Ski Club Co-Op Ltd"**.
- On-Line:** Complete the booking form and return it to the Booking Officer. Use your banks online banking "pay anyone" facility.

**Munionsg Ski Club Co-op Ltd Bank Details are:** BSB 182512 Account No 960892115  
Please ensure **your name** is typed in as the **sender**, otherwise your booking will NOT be recognised.

**Once you have completed the booking form, please send the form and payment to:**

Mr Bernie Ignatius, Booking Officer  
2/280 Pacific Highway  
Aatarmon NSW 2064  
(02) 9906 6115

**Booking Officer's Use Only**

Date Received .....

Receipt No .....

Paid by .....

Room .....