



Landsdale Farm School Accommodation Booking Form

Please print this form, complete and fax to (08) 9309 3629.

Please quote the name of your group and the dates of your stay (inclusive).

Program Coordinator: _____

Organisation: _____

Address: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Starting Date: _____

Finishing Date: _____

Accommodation Costs

Schools & Groups of People with Disabilities		
X \$12.50* per person per night		\$ _____
No. of nights: _____	Sub Total	\$ _____

Private Groups		
X \$22.50* per person per night		\$ _____
X \$12.50* per child per night (under 12)		\$ _____
No. of nights: _____	Sub Total	\$ _____

Bookings confirmed on 50% deposit payable to Landsdale Farm School.

Total	\$ _____
Less 50% deposit	\$ _____
Balance	\$ _____

Cheques payable to **Landsdale Farm School**.