

MITRE SKI CLUB INCORPORATED MOUNT BULLER

BOOKING APPLICATION FORM

Name of Member _____

Email address of member _____

Phone (Home) _____ (BH) _____ (Mobile) _____

Signature of member _____

Please reserve accommodation for the following nights:

Name	Category (M, FV, V)	No. of nights	Date Arrival	Date Dep	Rate	Total

CHEQUE ENCLOSED FOR: \$ _____

Return to: Peter Lewinsky
59 Bayview Crescent
BLACK ROCK VIC 3193

Or Phone: 0417 325 650 (only to be used after the AGM)

Or Email: skimitre@yahoo.com.au

Or Fax: 9598 5943

**NO BOOKING BY MAIL WILL BE ACCEPTED UNLESS ACCOMPANIED BY PAYMENT IN FULL.
ANY BOOKING BY EMAIL IS PROVISIONAL (AND LIABLE TO BE OVERBOOKED) UNLESS
FOLLOWED-UP BY PAYMENT IN FULL WITHIN 3 BUSINESS DAYS.**

BOOKINGS ARE NOT CONFIRMED UNTIL A CONFIRMATION/INVOICE IS ISSUED AND PAID

Rooms 1, 2, 3, 5 and 6 (downstairs) each have one double bed and two single bunks (ie. sleeping capacity for 4)

Room 4 (downstairs) has 2 single beds and a bunk (ie. sleeping capacity for 4)

Rooms 7 and 9 (upstairs) each have 1 single bunk and 1 single bed (ie. each sleeps 3)

Rooms 8 and 10 (upstairs) each have a double bed.

Room 12 (upstairs) has 2 single beds.

*If you have a preference, please indicate Room No. It may not be possible to comply.