## Darkan Caravan Park Group Booking Form

Shire of West Arthur
PO Box 112
31 Burrowes Street
Darkan WA 6392
T: (08) 9736 2400
E: shire@westarthur.wa.gov.au



Type of Booking: ☐ Business ☐ Club/Organisation **Business Name:** Club/Organisation Name: Contact Person: Email Address: **Phone Number:** Incoming Date: Outgoing Date: Purpose of the Stay: ☐ Leisure □ Business ☐ Special Event **REQUIRED ACCOMODATION:** Powered (Max 20): Unpowered (Max 8): Nissan Hut: Chalet (Max 2): **GUEST INFORMATION:** Type of Name of Attendee/s: Registration: In Date: Out Date: Accommodation:

Name of Attendee/s:		Type of Accommoda	ntion:	Registration:	In Date:	Out Date:
ACKNOWLEDGEMENT						
I hereby agree to the Shire of West Arthur invoicing the Club/Organisation 10% of the total booking fee two weeks after the booking has been approved, as per the numbers given on this form.  I acknowledge that the total payable will be invoiced to the Club/Organisation after the stay at the Darkan Caravan Park.  The final booking numbers will be provided to the Shire of West Arthur no later than two weeks before the entry date.						
Name				Date		
Signature						
OFFICE USE ONLY						
Booking Approved	☐ Yes ☐ No	If no, give	If no, give a reason.			
Officer's Name						
Officer's Signature						
Date Approved			Date Club	Date Club Notified		
Total Fee Payable	\$ Paid: □		10% Deposit		\$	Paid: □
Deposit Invoice Sent	□ Yes		Date			1
Final Invoice Sent	☐ Yes		Date			