



West Kunderang Recreational Retreat



Registration Form

Name			
Title	First Name(s)	Surname(s)	Age(s)

Address		
Number & Street / Property Name		
Town	State	Postcode

Telephone			
Home	Business	Mobile	Email

Occupation

Contact / Next of Kin (NOT accompanying you)		
Name	Address	Contact Number

Vehicle Registration		
Registration Number	Vehicle Make	Vehicle Model

Details of Visit		
Number in Party	Day in / /	Day out / /

Payment Received				
Camping / Day Fees	_____	Adult / Night	_____ x _____	\$.....
	_____	School Child / Night	_____ x _____	\$.....
Road Maintenance Fee	_____	Per Vehicle	_____ x _____	\$.....
Other	_____		_____ x _____	\$.....
TOTAL				\$.....

Interests			
<input type="checkbox"/> 4WD	<input type="checkbox"/> Fishing	<input type="checkbox"/> Hiking	<input type="checkbox"/> Kayaking
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Bushwalking	<input type="checkbox"/> Camping	<input type="checkbox"/> Nature Study
<input type="checkbox"/> Other _____			

Fishing Licence Number
