BOOKING REQUEST – PYNE HOUSE AT WAIHI SCHOOL

CONTACT DETAILS			
Name of school/group	/club/organisation		
Contact perso	n:		
Designation:			
Phone numbe	r:		
Email address:	:		
Which event/tournam	ent are you attending?		
DATES			
Dates accommodation	required:		
Date in:	. equilibrium		
Date out:			
Total nights:			
Estimated time of arriv	val:		
Estimated time of dep	arture on final day:		
SIZE OF GROUP			
Total number of guest	c·		
Number of ad			
Number of chi			
CATERING			
CATERING			
Catering required other	er than breakfast: Y/N		
Special dietary require	ments? Please give details, to be dis	cussed with kitchen manager prior to	
booking confirmation	,		
•			
Do you required packet	ed lunches? Y/N		
If yes, on which days (dates):		
Confirm numbers requ			
ETD from Waihi Schoo	I on these dates:		
OFFICE USE			
Number of guests:			
Price/head:			
Total cost:			
Deposit required: \$			
Deposit paid:	Amount paid:	Date paid:	
Balance paid:	Amount paid:	Date paid:	