

**CLUB SOLO'S MARYSVILLE SUMMER HOLIDAY  
WED 10 JAN – WED 17 JANUARY 2024  
DAY VISITOR REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Ph \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Special Needs (Dietary) \_\_\_\_\_

\_\_\_\_\_

**PAYMENT AMOUNTS (To be Received by 3 January 2024)**

☐ **\$25 per day** Day Visitor (No Meals)

☐ **\$105 per day** (All meals excluding breakfast)

☐ **\$135 per day** (All meals including Breakfast)

**Pay & book a week before camp.**

**REGISTRATION**

**Please indicate which days and meals you wish to attend.**

10 Jan ☐ No Meals ☐ A/Tea, Dinner & Supper

11 Jan ☐ No Meals ☐ All meals excl B/F ☐ All meals incl B/F

12 Jan ☐ No Meals ☐ All meals excl B/F ☐ All meals incl B/F

13 Jan ☐ No Meals ☐ All meals excl B/F ☐ All meals incl B/F

14 Jan ☐ No Meals ☐ All meals excl B/F ☐ All meals incl B/F

15 Jan ☐ No Meals ☐ All meals excl B/F ☐ All meals incl B/F

16 Jan ☐ No Meals ☐ All meals excl B/F ☐ All meals incl B/F

17 Jan ☐ No Meals

**Meals incl breakfast, morning tea, lunch, arvo tea, dinner and supper.=**

**PAYMENT OPTIONS**

☐ I incl. chq/money order payable to "Solo Ministries"

☐ I have made a deposit to the CBA, "Solo Ministries"

BSB 063172, A/C 00903162. (incl. surname as ref)

☐ Please charge my Credit Card (a fee of 1.75% will apply) ☐

Visa ☐ MasterCard (No other cards accepted)

Card No \_-\_-\_-\_-/\_-\_-\_-\_-/\_-\_-\_-\_-/\_-\_-\_-\_-

Expiry Date \_-\_-/\_-\_- Amount \$ \_-\_-\_-\_- CVV \_-\_-

Name on Card \_-\_-\_-\_-\_-

Signature \_-\_-\_-\_-\_- Date \_-\_-/\_-\_-/\_-\_-

**Send to Steve Mitchell, Club Solo, 2 Karen Court, Mill Park 3082,  
Ph: 03 9407 1240, Email: clubsolo@tpg.com.au**