CLUB SOLO'S MARYSVILLE SUMMER HOLIDAY
FRI 10 JAN – FRI 17 JANUARY 2025
DAY VISITOR REGISTRATION FORM
Name
Address
P/Code
PhMobile
Email
Special Needs (Dietary)
PAYMENT AMOUNTS (To be Received by 3 January
2025 )
[ ] \$30 per day (Day Visitor (No Meals)
[ ] \$120 per day (All meals excluding breakfast)
<ul> <li>[ ] \$150 per day (All meals including Breakfast)</li> <li>Pay &amp; book a week before camp.</li> </ul>
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         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         16 Jan       [] No Meals       [] All meals excl B/F       [] All meals incl B/F         17 Jan       [] No Meals       [] All meals excl B/F       [] All meals incl B/F         17 Jan       [] No Meals       [] All meals excl B/F       [] All meals incl B/F         17 Jan       [] No Meals       [] All meals incl B/F       [] All meals incl B/F         17 Jan       [] No Meals       [] All meals incl B/F       [] All meals incl B/F         17 Jan       [] No Meals       [] All meals incl B/F       [] All meals incl B/F         15 Jan       [] No Meals       [] All meal
PAYMENT OPTIONS
[ ] I encl. 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)
<ul> <li>Please charge my Credit Card (a fee of 1.75% will apply)</li> <li>] Visa [ ] MasterCard (No other cards accepted)</li> </ul>
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: <u>clubsolo@tpg.com.au</u>