

OLDINA SKI CLUB

APPLICATION FOR ACCOMMODATION

To: John Pigdon
Booking Officer
OLDINA SKI CLUB
PO BOX 223
ASHBURTON VIC 3147

or
Please email enquiries to the Booking Officer
using the link below

Email: booking.officer@skioldina.org.au

Accommodation is requested for the following people:

Resort Falls Creek or Buller FC / MB	Given Name and Surname	M e m b e r	F a m i l y	G u e s t	M / F	Age Group	From 4:00 pm on	To 4:00 pm on	No. of nights	Bedrate \$	Total \$
FC / MB											
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FC / MB											

Notes: 1. Age groups to assist in room allocation are:

A: 3 to 4 B: 5 to 9 C: 10 to 17 D: 18 to 25 E: 26 & over

TOTAL \$ _____

2. If my request cannot be fulfilled

☐ Add request/s to your waiting lists

☐ Refund/credit the applicable amount

☐ Contact me per: Priv. Tel: _____ Bus. Tel: _____ Mobile: _____

Email: _____

Responsibility and contact for the above party booked is:

Name: Mr/Mrs/Ms _____

Address: _____

_____ Postcode

Signed: _____

If this is your first request to Oldina, the signature
and name of a Member is required.

Signature: _____

Name: _____