

OCTOBER VACATION CARE BOOKING SHEET

FAMILY NAME: _____

CHILDREN/S NAME/S: 1) _____ 2) _____

 3) _____ 4) _____

CONTACT NAME: _____

CONTACT NUMBER: _____

Monday 30/09/24	Tuesday 01/10/24 Excursion	Wednesday 02/10/24 Incursion	Thursday 03/10/24 Incursion	Friday 04/10/24 Excursion
Monday 07/10/24	Tuesday 08/10/24 Incursion	Wednesday 09/10/24	Thursday 10/10/24 Excursion	Friday 11/10/24
<u>PUBLIC HOLIDAY</u>				

I have read the attached "Vacation Care Booking & Cancellation Conditions" and I/we agree to abide by these conditions.

Signed: _____

Name: _____

Date: _____