

**Final Numbers for Camp**

**Name of Group** ……………………………………………………………

**Please return this form one week prior** to the commencement of your camp by emailing it to [office@campialba.com.au](mailto:office@campialba.com.au) We will then invoice you for the cost of the camp. That invoice will be payable just prior to your camp commencing.

# **Final Guest Numbers**

Please complete this section to assist with invoicing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Adults and Secondary Students | Year 3 - 6 | Kindy to Year 2 | 2 Years old to Pre School |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

*NOTE: Unless stated otherwise, it will be assumed that all participants listed for each day are taking part in all meals being provided on that day. If you have varying numbers for accommodation, day visitors, etc and the details are not accommodated on the above table, please attach a separate page with details or send the information in a spreadsheet.*

Please indicate the split of guests. This will help us advise you on the best way to allocate rooms/amenities/etc

|  |  |  |
| --- | --- | --- |
|  | Male | Female |
| Adult Numbers |  |  |
| Student/children Numbers |  |  |
| Bus Drivers requiring food and accommodation |  |  |

**Disability Access:**

Do any campers require disability access to the site? [ ] YES [ ] NO Please insert an X

If so, please give details ……………………………………………………………………………………………………………………..

# **Contact Details of Camp Coordinator**

Please complete

Sometimes we need to make contact with you whilst you are en-route to the camp, or during the camp when you are off-site. Please provide the following details of the person responsible for the program during the camp.

|  |  |
| --- | --- |
| Name |  |
| Mobile |  |

# **Cabin Allocations**

Please Complete

You need to allocate guests to rooms/cabins. Please complete the cabin list at the end of this document (or attach your own list) and include the first and last names of everybody who is allocated to sleep in that cabin. It’s a good idea to call Campialba staff to help you get the best combination of rooms, etc.

# **Camp Program and Meal Times**

Please attach your program

**Please attach a copy of the schedule you plan to run at camp, including meal times.** Our kitchen staff need to know about meal times, etc so that we can plan for your camp to run smoothly.

If you do not have a printed program please detail your proposed meal times below. This form is prefilled with our standard meal times. Note: Where relevant, afternoon tea and supper are self-serve.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Breakfast | Morning Tea | Lunch | Afternoon Tea | Dinner | Supper |
| Day 1 |  |  | 12:00 p.m. | Self Serve | 6 p.m. | Self Serve |
| Day 2 | 7 a.m. | 10:00 a.m. | 12:00 p.m. | Self Serve | 6 p.m. | Self Serve |
| Day 3 | 7 a.m. | 10:00 a.m. | 12:00 p.m. | Self Serve | 6 p.m. | Self Serve |
| Day 4 | 7 a.m. | 10:00 a.m. | 12:00 p.m. | Self Serve | 6 p.m. | Self Serve |
| Day 5 | 7 a.m. | 10:00 a.m. | 12:00 p.m. |  |  |  |

# **Dietary Requirements**

Please complete

Our goal is that every camper has a great food experience whilst on camp. Please ensure that all dietary requirements listed here are **genuine health requirements**.

Those with special food requirements listed below need to check in with the kitchen staff before the first meal to briefly discuss their food needs with kitchen staff.

We request a mobile number to help us get in touch with them prior to camp if we have questions to help us plan well for their dietary needs.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person | Food Allergies | Attendance (e.g. Whole camp, Monday only, etc) | Mobile Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Please insert an X in each box to confirm.

[ ] I have ensured that those with Coeliac Disease or severe allergic reactions, such as anaphylaxis to peanuts, have been clearly identified and their condition noted on the above list.

[ ] I will ensure each person with a special dietary need is asked to visit the kitchen for a discussion about their need upon arrival.

# **Important Acknowledgements**

Please insert an X in each box to confirm.

[ ] **Fitted Sheet**: All campers have been informed to bring a fitted sheet for their bed. For hygiene reasons every camper must have a fitted sheet on their bed.

[ ] **Bedding:** All campers have been informed to bring their own pillow, preferred bedding (sleeping bag/blanket), and towel to camp, OR [ ] We have booked linen and will make sure all campers know to bring their own pillow.

[ ] **Room Allocation**: We understand it is our responsibility to allocate rooms for guests. This includes allocating room for the bus driver (usually Room 13) where relevant.

[ ] **First Aid**: We understand that whilst Campialba has first aid supplies, in the first instance the hirer needs to manage provision of first aid to their campers. We will bring a first aid kit and have a person allocated to first aid duties.

[ ] **Clean-up**: The site needs to be left clean and tidy when we are finished. We will follow the clean-up requirements on departure day ensure we have left camp by the agreed departure time.

[ ] **Start/Finish Times**: I have checked the event information sheet from Campialba and confirm that our camp will operate within our agreed arrival and departure times.

[ ] **Arrival Time**: I have informed all adults in our group of the arrival time and let them know that they shouldn’t arrive earlier than they agreed start time without prior agreement from Campialba.

[ ] **Noise Curfew:** I understand Campialba has a noise curfew between the hours of 9 p.m. and 7 p.m. for amplified music/etc. This is to respect neighbours.

[ ] **COVID-19 Regulations**: I have informed guests not to attend if they are showing flu-like or possible COVID-19 symptoms. I also understand Campialba will collect data from each guest in accordance with COVID-Safe operation during the booking.

# **Confirmation**

Please complete

By submitting this form, I acknowledge that I understand the following:

* Campialba will commit to food/staff expenses based on the numbers given.
* Prior to our camp commencing we will receive an invoice based on these numbers and undertake to pay the invoice prior to the commencement of camp.
* If one of our group cancels their registration, the total invoice amount is still payable.
* If I have additions to these numbers after submitting the form, I will contact Campialba to discuss whether the additional number(s) can be accommodated. If so, an additional invoice will be issued following the camp.

I have read and understood the Campialba [Standard Conditions of Hire](https://www.campialba.com.au/planning-a-camp) on the Campialba website.

…………………………………………… …………………………………………………….. …………………………………………

Name Signature (if printing) Date

# Appendix 1: Cabin Allocations

[See a site plan](https://www.campialba.com.au/planning-a-camp)

Cabin **1**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **2**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **3**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **4**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **5**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **6**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **7**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **8**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **9**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **10**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **11**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **12**: 8 Bed Dorm

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

Cabin **13**: Double Bed Only

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 | Person 1:  Person 2: |

Cabin **14**: Double Bed Only

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1  Double | Person 1:  Person 2: |

Cabin **15**: Double Bed Only

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1  Double | Person 1:  Person 2: |

Cabin **16**: Double Bed, 3 Singles

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1  Double | Person 1:  Person 2: |
| 2 |  |
| 3 |  |
| 4 |  |

Cabin **17**: Double Bed, 3 Singles

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1  Double | Person 1:  Person 2: |
| 2 |  |
| 3 |  |
| 4 |  |

Cabin 18 “Chapel”: 4 Beds

🞎 Students 🞎 Staff 🞎 Family Unit 🞎 Other

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 8 |  |