

Camp Lindisfarne Trust

Application Form

Name of applicant/group: _____

Name of person in charge: _____

Address; _____

Contact Number; _____ Email: _____

Period of use from ___/___/___ until ___/___/___

Deposit of \$100.00 is enclosed.

1. We agree to the terms and conditions of use of Camp Lindisfarne as set out on the forms supplied herewith, for our information.
2. Groups are to have adult supervision at all times.
3. Groups are to replace or pay for any damage done to the Camp and/or surrounding property. (The deposit will be returned after the duration of your stay assuming there is no damage that needs to be deducted.)
4. Toll calls made during the applicant's period of occupancy, will be deducted from the refundable deposit
5. Rubbish disposal is the responsibility of the applicant or for a \$100 fee, rubbish may be left at the Camp for collection.

Additional Comments/ Requests: _____

Signed : _____

Date : _____

Please send this application form and deposit to :

Camp Lindisfarne Bookings
c/o Liz McKerchar,
R.D.14,
Cave 7984,
South Canterbury

Ph: 03 6143759 Email: shrimptons@farmside.co.nz

Or Bank Transfer to Camp Lindisfarne Trust 03 0887 0434829 00 (include name and booking dates in the refernece areas) If paying by Bank Transfer, this completed form can be emailed to the above email address.