



Living Waters Lodge

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PROVISIONAL BOOKING FORM

Name of Organisation:						
Co-ordinator's surname:						
Co-ordinator's Cell nr:						
Email:						
Camp / Workshop		Arrival date		Departure date	Arrival time	
Day Conference						
Number of people		Men	Women	Boys	Girls	Total
Adults in Guest House Bedding included	YES		Max 14	NO		
Linen required for Chalets	YES			NO		
HALLS FOR ACTIVITIES - Choose and give requirements.						
Main Hall (300)						
Conference Centre-I (120)		Conference Centre-II (100)				
Conference Centre-III	Seats 30		Seats 40		Seats 50	
Tea breaks	Y	N				
CATERING	Three meals a day: Breakfast, lunch and supper		Two meals per day. Snacks for lunch		Day Conferences Lunch required Yes / No	
MENU'S	Discuss with management			Other dietary requirements possible		
Other not mentioned						

I _____ hereby confirm that the above mentioned information is correct. I will confirm the final number of people attending ONE (1) WEEK prior of the arrival date and accept that it will be the number of people for which we will be paying. I received the rules and regulations and we will adhere to it.

SIGNATURE _____ DATE _____