



TOURS, TALKS & CATERING BOOKING FORM

TOUR TALK LUNCH Morning/Afternoon/
High TEA (specify)

Group Name: _____ Contact Name: _____

Date of visit: _____ Phone: _____ Mobile: _____

Arrival time/s:

Departure time/s:

No. of attendees: _____ PAX

Email: _____

Address: _____ Postcode _____ State _____

Source: (How did you hear about Eryldene?):

Signature: _____

\$50 deposit required to secure a booking

Electronic Funds Transfer

Please reference transfer with "Tour and your name"

- Account name: 'Eryldene Trust'
- BSB: 032083
- Account number: 350589

Comments Please include special interests or needs including any dietary requirements or access issues.

Office use:

Booked by: _____

Date booked: _____

Deposit Paid _____

Balance Paid _____

Payment Method _____

Payment Method _____