

www.lakesideguesthouse.com.au

THE LAKESIDE GUESTHOUSE BOOKING FORM

Please complete this form and return it. Please pay 20% deposit to confirm your booking. Make a copy of the completed form for your records.

Contact Name: _____

Company Name: _____

Address: _____

E-Mail: _____ Mobile: _____

Arrival Date: _____ Departure Date: _____ No. of Nights: _____

Number of Guests: _____ Reason for Booking: _____
(e.g Church Group, Family Reunion, Conference/Training)

How did you find out about Lakeside?: _____

TARIFF:

Weekend Rate (2 nights): \$2520.00

Additional Nights: \$990 per night

Bond Payable: \$ 500.00 (Refundable after departure)

Payment Method:

Direct deposit to...ANZ...The Lakeside Guest House...
BSB 012-877 A/c No. 4890-78718 using the code given to you.

USE Reference Code: _____

Refund of Bond :

Account Name: _____

BSB Number: _____

Account Number: _____

For any questions
Phone: (02) 4976 2392
Email: enquiries@lakesideguesthouse.com.au