



QUOTE REQUEST - CAMP

ARRIVAL DATE:	ARRIVAL TIME:
DEPART DATE:	DEPART TIME:

CHECK-IN 2PM / CHECK-OUT 11AM
 Should we not have another group checking in or out before/after your visit, we do not mind earlier arrivals and later departures.
NO CHECK-INS WILL BE DONE AFTER DARK.

PLEASE TELL US ABOUT YOUR GROUP (Please fill in the gaps and circle the selections)

What is the Name of your School/Group/Organisation? _____
 Who is the person responsible for this camp? _____
 What is their Contact Number? _____
 What is their Email Address? _____

ACCOMMODATION

How many People will be camping with us? _____
 How many Nights will your group be camping with us? _____
 Is the group only Male, only Female or Both? MALE / FEMALE / BOTH

KITCHEN, HALL AND CATERING

Do you require the use of Kitchen and Dining area? YES / NO
 Will you be doing your own Catering? YES / NO
 Would you like a quote for Catering? YES / NO (If YES, please provide the information below. We will quote according to this information)
 What is your per person meal budget? R _____

MEAL CALCULATOR FOR YOUR USE:

(EXAMPLE) Fri - Supper, Sat - Breakfast lunch and Supper, Sun - Breakfast = 5 meals
 Per person Budget? R _____ divided by 5 = R _____ per person, per meal (average)

FACILITATION

Will you be needing to make use of our Team Building facilities? YES / NO
 Do you have Accredited Facilitators for these activities? YES / NO
 Are they Medically trained? YES / NO
 On a scale of 1-10, how familiar are they with our site (1 being least familiar)? _____
 Would you like a quote for Team Builing activities? YES / NO (If YES, expect a call from us to get further information)

ANY INFORMATION YOU WOULD LIKE TO BE NOTED IN ORDER FOR US TO GIVE YOU OUR BEST, PLEASE SHARE THAT HERE.