



Instructions: Each Room Mate is required to complete and sign the relevant fields a parent or guardian is also required to sign the attached. Forms must be either scanned and faxed back to 07 55 31 1 350 or posted to PO BOX 3419, Australia Fair, Southport, 4215. Please note forms will not be accepted if they are not signed.

1. Booking Details

Resort Name			
Room Type			
No. of Guests			
Check In Date	/ /	Check Out Date	/ /

2. Organiser Details – Room Mate 1

First Name		Surname			
Address					
Suburb		State		Postcode	
Email					
Home Number		Mobile No.			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	/	/

I _____ the card holder authorise LeisureCom to charge the final amount of \$_____ and the bond of \$_____ off the credit card supplied. I am aware the Final balance and Bond will automatically be deducted from this credit card 60 Days Prior to Arrival.

Signed _____ Date: _____

I agree that the card stored on their profile will be the one charged and the card holder has given their consent. I have read & understood all **Terms & Conditions**. I have also read & accept the **House Rules** pertaining to the accommodation I have selected. I also understand that it is my responsibility to inform all roommates of these conditions and house rules.

Please Print Name, Sign and Date

Room Mate 1 Name			
Guest 1 Signature		Date	/ /
Parent / Guardian of Guest 1 Signature			

3. Room Mate Details

Room Mate 2

First Name		Surname	
Address			
Suburb		State	Postcode
Email			
Home Number		Mobile No.	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /

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Please Print Name, Sign and Date

Room Mate 2 Name			
Guest 2 Signature		Date	/ /
Parent / Guardian of Guest 2 Signature			

Room Mate 3

First Name		Surname	
Address			
Suburb		State	Postcode
Email			
Home Number		Mobile No.	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /

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Please Print Name, Sign and Date

Room Mate 3 Name			
Guest 3 Signature		Date	/ /
Parent / Guardian of Guest 3 Signature			

Room Mate 4

First Name		Surname	
Address			
Suburb		State	Postcode
Email			
Home Number		Mobile No.	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /

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Please Print Name, Sign and Date

Room Mate 4 Name			
Guest 4 Signature		Date	/ /
Parent / Guardian of Guest 4 Signature			

Room Mate 5

First Name		Surname	
Address			
Suburb		State	Postcode
Email			
Home Number		Mobile No.	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /

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Please Print Name, Sign and Date

Room Mate 5 Name			
Guest 5 Signature		Date	/ /
Parent / Guardian of Guest 5 Signature			

Room Mate 6

First Name		Surname	
Address			
Suburb		State	Postcode
Email			
Home Number		Mobile No.	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /

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Please Print Name, Sign and Date

Room Mate 6 Name			
Guest 6 Signature		Date	/ /
Parent / Guardian of Guest 6 Signature			



Room Mate 7

First Name		Surname			
Address					
Suburb		State		Postcode	
Email					
Home Number		Mobile No.			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	/	/

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Please Print Name, Sign and Date

Room Mate 7 Name				
Guest 7 Signature		Date	/	/
Parent / Guardian of Guest 7 Signature				

Room Mate 8

First Name		Surname	
Address			
Suburb		State	Postcode
Email			
Home Number		Mobile No.	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /

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Please Print Name, Sign and Date

Room Mate 8 Name			
Guest 8 Signature		Date	/ /
Parent / Guardian of Guest 8 Signature			