**Bedding Configuration**

|  |  |  |  |
| --- | --- | --- | --- |
| **School/Club Name** |  | | |
| **Contact Name** |  | **Mobile Phone** |  |
| **CHECK IN DATE** | Check in time | **CHECK OUT DATE** | Check out time 12:00pm |
| **ACCOMMODATION** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **QUEEN BED** | | **2 SINGLES** | | **ROLLOWAY** | |
| **Guest 1**  (Enter 1 name) | **Guest 2**  (Enter 1 name) | **Guest 3**  (Enter 1 name) | **Guest 4**  (Enter 1 name) | **Guest 5**  (Enter 1 name) | **Guest 6**  (Enter 1 name) |
| Apartment |  |  |  |  |  |  |
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| Apartment |  |  |  |  |  |  |

**Please send this completed form to Intersport Global:** [jane@intersportglobal.com](mailto:jane@intersportglobal.com)

Fax 61 07 5665 9570 PO Box 903 HELENSVALE QLD 4212

Thank you for choosing Intersport Global Pty Ltd