



Guest Accommodation Register

Please fill in the names of each person staying in the room allocated to each person, Please print full names i.e. first name then last name. Please hand the form to a staff on your arrival at camp along with a copy of you camp program.

Date of camp: _____ Group Organiser: _____

Name of Organisation: _____ Camp Ref. No. _____

HERITAGE		LAKEVIEW		NORTH LODGE	
Room 1 (3 single +1double bed)		Room 1 (2 single +1double bed)		Room A (5 single +1double bed)	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		Room 2 (8 single beds)		5	
Room 2 (5 single +1double bed)		1		6	
1		2		7	
2		3		Room B (3 single +1double bed)	
3		4		1	
4		5		2	
5		6		3	
6		7		4	
7		8		5	
Room 3 (1double bed)		Room 3 (2 single +1double bed)		Room C (3 single +1double bed)	
1		1		1	
2		2		2	
Room 4 (4 single +1double bed)		3		3	
1		4		4	
2		Room 4 (8 single beds)		5	
3		1		Room D (5 single +1double bed)	
4		2		1	
5		4		2	
6		5		3	
Room 5 (7 single +1double bed)		6		4	
1		7		5	
2		8		6	
3		Room 5 (2 single +1double bed)		7	
4		1		Several other rooms can be made available (in this area) to cater for overflow. Please inquire with administration	
5		2			
6		3			
7		4			
8		Room 6 (8 single beds)			
9		1			
Room 6 (5 single +1double bed)		2			
1		3			
2		4			
3		6			
4		7			
5		8			
6					
7					

Accommodation Register
Continued

LAKEVIEW	
Room 7 (2 single +1 double bed)	
1	
2	
3	
4	
Room 8 (8 single beds)	
1	
2	
3	
4	
5	
6	
7	
8	
Room 9 (1 single + 1 double bed)	
1	
2	
3	
Room 10 (1 single + 1 double bed)	
1	
2	
3	

Prescribed accommodation - Regulations and the Country Fire Authority (CFA) requires the name of every person staying at this facility to be recorded.

Privacy Statement - CYC Limited gives assurance that any personal information including medical details gathered by the campsite, or provided by the group leader, will remain confidential and only be used for the purposes for which it was collected. www.cyc.org.au/privacy