



**BOOKING APPLICATION 2024 WINTER**

Please complete the following form and email to bookings@snowbird.com.au

MR/MRS/MS \_\_\_\_\_  
First Name Last Name

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

MOBILE \_\_\_\_\_

HOME \_\_\_\_\_

**BOOKING DATE REQUEST:**

First option- \_\_\_\_\_  
Check in Check out

Second option- \_\_\_\_\_  
Check in Check out

Which room formats do you require? Family\_\_\_\_\_ Queen\_\_\_\_\_ Twin\_\_\_\_\_

Dietary/Allergy requirements? \_\_\_\_\_

**ATTENDEE'S DETAILS:**

First name	Last Name	GENDER	M/F	AGE under 21	if	Category A or B Member/Guest

An tax invoice will be sent with a confirmation email being sent once the deposit is paid. Payment information will be provided on tax invoice.

I/we the undersigned agree to abide by the booking and cancellation rules of CHARLOTTE PASS SNOWBIRD PTY LTD.

I/we the undersigned agree to abide by the allergy and dietary requirement policy of CHARLOTTE PASS SNOWBIRD PTY LTD.

I/we the undersigned understand that CHARLOTTE PASS SNOWBIRD PTY LTD strongly recommends the purchase of travel insurance.

I/we the undersigned understand that CHARLOTTE PASS SNOWBIRD PTY LTD require payment of a non-refundable deposit before my booking is confirmed.

MEMBERS BOOKINGS CANNOT BE ACCEPTED UNTIL 2024 SUBSCRIPTION FEES HAVE BEEN PAID.

NAME:	_____
SIGNATURE:	_____