



**BOOKING APPLICATION 2025 WINTER**

Please complete the following form and email to [bookings@snowbird.com.au](mailto: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 requirments? \_\_\_\_\_

**ATTENDEE'S DETAILS:**

First name	Last Name	GENDER	M/F	AGE	if	Category
				under 21		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 requirment 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 2025 SUBSCRIPTION FEES HAVE BEEN PAID.**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_