

This page must be returned to Camp Clayton
NO LATER THAN SEVEN DAYS before your camp.

Fax 6425 1676
Phone 6425 1893

PO BOX 3184, Ulverstone, 7315

ATTENDANCE REGISTER

Important: Please indicate the **room** your supervisor will stay in at Camp Clayton, in order for our staff to locate him / her in an emergency.

Group Name: _____

Arrival Date: _____ Departure Date: _____

Group Supervisor: _____ Supervisor's Room: _____

(Please highlight your supervisor in the table below)

Room Allocation Chart – BAYSIDE SELF-CONTAINED UNITS

PLEASE SHOW FULL NAMES

Room 9	Room 10	Room 11
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5