

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: \_\_\_\_\_ Site Hired: \_\_\_\_\_

Group Supervisor: \_\_\_\_\_ Supervisor's Room: \_\_\_\_\_

*(Please highlight your supervisor in the table below)*

## Room Allocation Chart - MAIN SITE

PLEASE SHOW FULL NAMES

Lodge 1	Lodge 2	Lodge 3	Lodge 4	Lodge 5
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

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Lodge 6	Lodge 7	Lodge 8	Lodge 9	Lodge 10
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9