

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 – PARKDOWN CHALET

PLEASE SHOW FULL NAMES

Room 1	Room 2	Room 3	Room 4
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5		5	5
6		6	6
			7
			8

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Room 5	Room 6	Room 7	Room 8
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
	5	5	
	6	6	
	7		
	8		

Room 9
1
2
3
4