This page should be returned to Camp Clayton
2 WEEKS before your camp.

Fax 6425 1676
Phone 6425 1893
PO BOX 3184, ULVERSTONE, TAS 7315

FINAL NUMBERS CHART

Name of Group:_____

Contact Person: _____

Phone Number: _____ Dates of camp: _____

Full-time Numbers

Please indicate in the boxes the number of people living in full-time for your camp.

Adults (16 years and over)	
Children (12-15 years)	
Children (6-11 years)	
Infants (2-5 years)	

Day Visitor / Extras Numbers

(Note - site fee for day visitors includes morning and afternoon teas). Please indicate the numbers in the boxes below under each day of your stay, according to which meals visitors will require.

DAY:							
Extras	(Breakfast)	(B)	(B)	(B)	(B)	(B)	(B)
	(Lunch)	(L)	(L)	(L)	(L)	(L)	(L)
(include all ages together)	(Tea)	(T)	(T)	(T)	(T)	(T)	(T)

TOTAL MEALS	(B)	(B)	(B)	(B)	(B)	(B)	(B)
	(L)	(L)	(L)	(L)	(L)	(L)	(L)
	(T)	(T)	(T)	(T)	(T)	(T)	(T)