

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, ULV, 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 - THE VILLA

PLEASE SHOW FULL NAMES

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