GROUP CATERING FORM



This form is to be completed by the group organiser.

Please complete all pages, sign page 3, and return to info@woodhouse.org.au no less than 14 days prior to your camp.

Group Name:		Booking Reference Number:	
Contact:	Arrival Date:	Departure Date:	
Year Level(s):	TOTAL # of Youth:	TOTAL # of Adults:	
Building(s):			

FULL TIME ATTENDEES

We DO require catering for:		We DO NOT require catering for (bringing own food from home)	We DO NOT require catering for: (bringing own food from home)		
#	full time youth	# full time youth			
#	full time adults	# full time adults			

BUILDING NUMBERS

(applies to camps booked across multiple buildings)

If your camp is booked across multiple buildings, please advise below how many **FULL TIME ATTENDEES** will be eating in each building. Please note the catering capacities for each building. If this is not relevant for your camp, please leave this section blank.

# #	Rymill Centre:	Woodhouse Manor:	Hooper Bunkhouse:
	(Max. catering capacity 110 persons)	(Max. catering capacity 60 persons)	(Max. catering capacity 70 persons)
	#	#	#

PART TIME ATTENDEES

If catering is required for any part-time attendees, please tick the box below, and complete details on page 3

□ We DO require catering for part time attendees

DIETARY REQUIREMENTS

Most dietary requirements CAN be catered for (e.g. nut allergies, gluten free, vegetarian, Kosher, Halal, and others). Please provide dietary requirements below detail. For complex requirements, please attach the completed **individual catering requirements form**.

ANAPHYLACTIC DAIRY AND ANAPHYLACTIC WHEAT ALLERGIES CANNOT BE CATERED FOR If this affects a member of your group, please contact us on 8339 3333 OR info@woodhouse.org.au

Special dietary requirements (e.g. vegans, vegetarians, halal, gluten, dairy, and egg intolerances) may incur additional charges of \$6 per night. Please refer to your quote for further information.

Full Name	Adult or Youth	Dietary Requirements	Anaphylactic (epipen) or sensitive	Building

Part time attendees will be charged for all meals consumed. Please provide the details of all part time attendees below:

Full Name	Adult or Youth	Arrival and Departure Dates / Times	Building

ACKNOWLEDGEMENT

I acknowledge that:

- To the best of my knowledge, the details of any dietary and food requirements for my group is full and accurate
- Any non-attendees will be charged at the quoted rate
- All guests are required to do their own dishes and supply their own tea towels

Group Leader's Name	Signature	Date
Office use only	y: Provided to caterer on	By