

THE LAVROCK CAMP AND CONFERENCE CENTRE

CONFIRMATION OF BOOKING

Name of Organization: _____

Contact Person: _____

Billing Address: _____

Phone No: _____ Alternate No: _____

Email Address _____

Estimated number attending: Adults _____ Children _____

Expected arrival: Date _____ Time _____

Expected departure: Date _____ Time _____

Preference: Main Bldg. _____ Cabins _____

Rate Quoted:

I certify I have read the document "*Information for Guests*" and agree to abide by the terms outlined. I understand the deadlines specified below and will provide the required information by these deadlines.

Final numbers and menu selections are due to the office by three weeks prior to booking.

The numbers provided, at that time, will be the minimum number invoiced for.

Retainer (Non-Refundable) Fee Enclosed: _____

Signature

Date

Tentative Date of Booking on File: _____

Please return within one week of receipt to:

**Lavrock Camp & Conference Centre
19 King's Bridge Road
St. John's, NL A1C 3K4**