

**Application to Camp  
Rosebud West /  
Tootgarook**



**PO Box 2041, Rosebud Plaza, 3939**  
Phone (03) 5986 4382  
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[info@capelsoundforeshore.com.au](mailto:info@capelsoundforeshore.com.au)  
[www.capelsoundforeshore.com.au](http://www.capelsoundforeshore.com.au)

<b>Requested Dates for Camping : Occupied</b>		
<b>From :</b>	/	/
<b>To :</b>	/	/

<b>Number of ...</b>	
<b>Adults :</b>	_____
<b>Children :</b>	_____

Camper Detail—the permit will be issued in this name

Applicant / Camper Name : \_\_\_\_\_

Residential Address : \_\_\_\_\_

Suburb : \_\_\_\_\_ Postcode : \_\_\_\_\_ State: \_\_\_\_\_

Postal Address : \_\_\_\_\_  
*(if different from above)*

Phone A/H : \_\_\_\_\_ Phone B/H : \_\_\_\_\_

Mobile : \_\_\_\_\_ Email : \_\_\_\_\_

Requested Area : A B C F G H Requested Site No. : \_\_\_\_\_

Caravan / Tent *(please circle)* C'Van Rego : \_\_\_\_\_ Vehicle Rego : \_\_\_\_\_

Boat / Trailer *(please circle)* Boat Rego : \_\_\_\_\_ Trailer Rego : \_\_\_\_\_

*It is the responsibility of the camper to ensure your set up, including vehicles, can fit on the site.*

**Credit Card Payment:**      **Visa**      **MasterCard**

    

Card Number:

Expiry Date :          CCV:

Cardholder Name: \_\_\_\_\_ Cardholder Signature : \_\_\_\_\_

**I have read and agree to abide by the Conditions of Camping—to be signed by the applicant only**

Signature : \_\_\_\_\_

Print Name : \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

*Privacy : The Capel Sound Foreshore Committee of Management is committed to protecting your privacy. Any personal information you provide will only be used to process your application. We will not provide this information to any other individual or organisation unless required by law. You may access this information by contacting us on 03-5986 4382.*

**Office use Only ...**

**Date Received:** \_\_\_\_\_ **Client Id :** \_\_\_\_\_ **Res. No. :** \_\_\_\_\_

**Officer:** \_\_\_\_\_ **Seasonal Camper : Yes No** **Rcpt No. :** \_\_\_\_\_

**Waiting List : Yes**