Application to Camp
Capel Sound/
Tootgarook

PO Box 2041, Rosebud Plaza, 3939
Phone (03) 5986 4382
Fax (03) 5982 2790
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www.capelsoundforeshore.com.au

Requested Dates for Camping :	**Number of …**
From : / /	**Adults :** _____
To : / /	**Children :** _____

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.

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.:***
	Camped 2016/17:	***Yes***	***No***	***Site No.:***

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

Card Nmber: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date : ☐☐ ☐☐ CCV: ☐☐☐

Cardholder Name: _____ Cardholder Signature : _____