

**REGISTRATION FORM/INVOICE FOR ACCOMMODATION AND DINNERS  
TY EVANS MULEMANSHIP CLINIC NOV29 DEC1 2018**

**Please print off this form, fill it in and post it with your payment to Banyandah Naturally  
Must be booked and paid for by 31<sup>st</sup> OCT 2018**

NAME \_\_\_\_\_ PHONE CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ PC \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**ARRIVAL DATE** \_\_\_\_\_ **DEPARTURE DATE** \_\_\_\_\_  
(must be after 2pm Wed 28<sup>th</sup> Nov2018) (must be before 10.00am Sun 2<sup>nd</sup> Dec 2018)

**ACCOMMODATION**

	Number Nights	Number People	Total\$
<b><i>Light House</i></b> Single person rate in shared room \$70 per night	_____	_____	_____
Bring your own bed linen or hire \$20 per person once only		_____	_____
<b><i>Cattleman's Hut</i></b> Camping – unpowered site \$15 per person per night	_____	_____	_____
Camping- powered site \$25 single person per night	_____	_____	_____
Camping- powered site \$40 or 2persons per night	_____	_____	_____

**BANYANDAH FACILITY FEE**

(not included in tuition costs) - \$20 per day per animal	Number Days	Total \$
	_____	_____

All mules attending the clinic must pay this for any part of a 24hour period they are on the grounds. It includes the use of a yard and water.

**CLINIC WELCOME BBQ – WED evening 28 NOV(no cost)**

Number  
\_\_\_\_\_

**CLINIC DINNER.- FRI.30 NOV. \$30 PER PERSON**

(pre-dinner nibbles, main course, dessert BYO drinks)

Number  
People  
\_\_\_\_\_

Total \$  
\_\_\_\_\_

Please advise if you have any special dietary requirements when lodging this form

**TOTAL \$**  
\_\_\_\_\_

Payment may be by **Cheque or Direct Deposit**( no EFT Facilities)

**Banyandah Naturally BSB 032 736 a/c 245429**

(Ref 29 Nov and your Surname)

Keep a copy of this form as your receipt. Tax invoice available on request