



Group Booking Form 2025/2026 (10 or more visitors)

If accepting a booking by phone or forwarding a booking please fill in all details.

Group Name _____

Contact Address _____

Phone _____

Contact Person _____

Email Address _____

Staff member taking booking & Date taken _____

BOOKING DETAILS

Requested visit date -

Requested visit time - am/pm

RATE

Number in Group

Group rate \$10.00 -----

Year 7 – 12 \$10.00-----

K – Year 6 \$5.00-----

Additional Items required

BBQ & picnic facilities Free Of Charge Yes ☐ No ☐

Total Cost.....

Preferred payment option (please circle)invoice /pay by card during visit

Signed

Please print name

Date

Phone, email or post booking form
Phone 02 63441008
fish@cabonne.nsw.gov.au
PO Box 216 Canowindra NSW 2804
www.agefishes.com

OFFICE USE ONLY

Booking confirmed _____

Invoice Method _____

Date Invoice Sent _____

Method of Payment _____

Date Payment Received _____

