



FLYING FOX STATION

# Accommodation Booking Form

## **COMPANY DETAILS**

Company Name:

ABN/ACN:

Account Contact:  Ph:

Email:

## **PAYMENT METHOD** (SELECT ONE)

Card - In Person  Card - Over Phone  14 Day Invoice **PO #**

Charge back form attached:

## **BOOKING DETAILS**

Booking Contact:  Ph:

Email:

# of rooms required per night  # of nights

Check in date:  Check out date:

Check in time  Check out time

## **GUEST DETAILS**

Please provide dietary requirements so we can make sure we cater appropriately. Unfortunately, we do not have anywhere for people to cook for themselves

Guest Name	Dietary Requirements	Other

Please email completed form to [bookings@flyingfoxstation.com](mailto:bookings@flyingfoxstation.com) along with your charge-back form or PO form.