

## HOLIDAY HOME BOOKING FORM

We are interested in booking a holiday at a IDFNZ/KIDS Foundation Holiday Home.

- Mangawhai (Riverside), 41 Black Swamp Road, Mangawhai
- Red Beach (Pinewood), 23 Marie Ave, Red Beach
- Otaki (Byron's Resort), 20 Tasman Road, Otaki
- Cairnmuir Motor Camp, 219 Cairnmuir Road, Cromwell

We would love a relaxing, fun-filled family time, to recharge our inner batteries and have a lovely break away from "it all".

Note: Bookings can only be made a maximum of 6 months in advance. One annual booking per family, per holiday home to ensure fairness.

We agree to abide by the Foundation and Campsite rules including:

- NO ANIMALS (regardless of individual campsite rules)
- NO SMOKING
- NO ILLEGAL SUBSTANCE ABUSE, ILLEGAL DRUGS OR DRUG ABUSE WILL BE TOLERATED.
- NO WILLFULL DAMAGE OF PROPERTY OR ABUSE WILL BE TOLERATED.

In the case of genuine medical treatment involving syringe use, we ask for details in order to ensure satisfactory safety and disposal arrangements are in place.

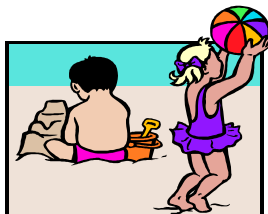
We undertake to pay a \$40 donation towards cleaning once bookings are confirmed.

**Cancellation Policy:** Where firm bookings are cancelled up to 2 weeks prior to a booking date, the booking fee of \$40 may be used to secure an alternative booking. As long as the alternative booking falls within a 6 month period. Bookings may be deferred once only. Bookings cancelled within the 2 week lead time/or where suitable alternative booking is not agreed within the following 6 months – booking donations are unable to be refunded.

We would like Christine Jenden to call us to discuss our needs.

<b>Name</b>	
<b>Contact Phone No</b>	
<b>Convenient time to call</b>	
<b>Preference Week/Weekend</b>	
<b>Preferred Dates</b>	

**OR... call Christine on freephone 0508300600... and leave a message for her to call you. (As Christine only works part-time she will make contact with you within 5 days)**



Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HOLIDAY HOME BOOKING AND CONFIRMATION FORM

MANGAWHAI  
(sleeps 6-8)

RED BEACH  
(sleeps 6-8)

OTAKI  
(sleeps 6-8)

CROMWELL  
(sleeps 6-7)

Family Name

Patient Member Name

Address

Home Phone

Cellphone

Fax No./Email


The booking request is for the following named family members:  
*(NB: Must be immediate families of patients as registered with the Foundation)*

Parent /Adult Names

Child 1

Child 2

Child 3

Child 4


Note: Some units can sleep an additional 2 individuals , however these are at an additional cost per adult and per child per night payable to the campsite. This additional cost must be covered by the families in advance.

Additional Child / Adult 1

Additional Child / Adult 2


**CONFIRMATION OF BOOKING at Holiday Home** *(For Office Use Only)*

MANGAWHAI  
(sleeps 6-8)

RED BEACH  
(sleeps 6-8)

OTAKI  
(sleeps 6-8)

CROMWELL  
(sleeps 6-7)

*Date of arrival* \_\_\_\_\_ *after 2pm*

*Date of departure* \_\_\_\_\_ *by 10am*

*Number of nights accommodation booked* \_\_\_\_\_ *Receipt No:* \_\_\_\_\_

This booking is subject to receipt of a \$40 non-refundable booking donation being received by IDFNZ/KIDS Foundation, POBox 75076, Manurewa, Manukau 2243, Auckland or can be deposited into **ASB Account 12-3049-0233888-03** *(please ensure your name and the location of the holiday home are given as references to enable us to identify the deposit. See overleaf for Cancellation Policy.*

*Additional fees of \$\_\_\_\_\_ to be paid directly to the campsite on arrival.*

**Note:** *The Campsite are copied on all bookings and will verify the identities / numbers of individuals arriving.*

We anticipate the use of genuine prescription medication necessitating use of syringes at the home. **Please supply the following information.** (Why? Who? And What medicine?)  
- separately if necessary.

Please sign to indicate you are agreeing to the terms and conditions of this booking, including liability for any damages due to deliberate damage of IDFNZ property.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_