Wesley College
Western Avenue
University of Sydney
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ABN – 82.358.844.282

Wesley College
Conference and Group Booking Form

Name of Conference or Group_____

Name of Contact person_____

Number of guests _____

Address _____

_____

Phone _____ **Mobile** _____

Email _____

REQUIREMENTS

Check in date _____ **Expected time of arrival** _____

Check out date _____ **Total number of nights** _____

☐ **Bed and Breakfast** ☐ **Full Board** ☐ **Other meals required** _____

No or rooms
Single Room _____ **Twin Room** _____ **Ensuite (if available)** _____

We would also like to use other rooms – please tick

☐ **Crypt auditorium** ☐**back room of Crypt** ☐**Reading Room** ☐ **JCR auditorium**

☐ **Senior Common Room** ☐ **Middle Common Room**

☐ **We will be travelling by car/bus and will need a parking space**

Special Dietary requirements _____

Please note - one night's accommodation fee is required to secure the booking, credit card details essential.

Type of Card **Visa** **Mastercard**

Credit Card No. | | | | | | | | | | | | | | | |

Expiry _____ / _____ **Total amount $** _____

Signature _____

Please fax form to Tracey Jessup on 9516 3653 or send details via email.