Wesley College
Western Avenue
University of Sydney
9565 3377 ph
9516 3653 fax
admin@wesley.usyd.edu.au
ABN – 82.358.844.282

Wesley College
Guest Booking Form

Names _____

_____

Number of guests _____

Address _____

_____

Phone _____ **Mobile** _____

Email _____

Student card No. (If applicable) _____ **Exp date** _____/_____

Check in date _____

Check out date _____

Expected time of arrival _____

Total number of nights _____

Type of accommodation - Single Room, Twin Room, Ensuite (if available) (please circle room type)

Special Dietary requirements _____

I will need a parking space (if available), please issue me with a parking permit

registration number _____ **make** _____

model _____ **colour** _____

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

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

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

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

Signature _____

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