

REQUEST FOR QUOTATION FORM



School / Group Name: _____

Contact person: _____

Contact Details:

Landline: Code() _____

Cell Phone: _____

Fax: _____

Email: _____

Date/s for camp: _____

Amount of Learners: _____

Amount of Adults: _____

Grade / Age of Learners: _____

Proposed Time of arrival: _____

Proposed Time of departure: _____

Reason for camp - Leadership /Adventure/Environmental:

Other requests: _____

Fax : 0866509607 or Email: judy@campnelu.org