GROUP APPLICATION FORM –



DINOSAUR STAMPEDE NATIONAL MONUMENT

AT LARK QUARRY CONSERVATION PARK FOR GROUPS WITH 10 OR MORE PEOPLE

SECTION A: YOUR D	ETAILS				
Name of the compa	ny/group:				
Contact person:			Position:		
Street:		Town/City:			
State:	Postcode:	Phone:		Fax:	
Mobile:		Email:			
SECTION B: VISITING Please tick your pre		k			
Adult Full Tour S (Each child must be over four Arrival date:	and under 17 years and		p er of adults / children	n:/	
Numbe	er of drivers/ho	sts:	(FOC tour ent	ry only)	
Tour time: (please t ☐ 8.45 am ☐ 10		er			
If other	(subject to agreement)				
SECTION C: PAYMEN	NT O PTIONS				
☐ Send a Tax Invo	ice (you must f	ill out a credit applica	tion for this option)		
☐ Direct Deposit:	Australian Age of Dinosaurs Limited BSB: 084-990 Account No: 82-742-8574 (Please use COMPANY/GROUP NAME as a reference to avoid payment delay)				
☐ Credit Card:	☐ Visa	☐ MasterCard	Name on Card:		
	Card Number: Expiry Date: /				
	Authorising Sig	ing Signature:			
☐ Cheque made o	ut to Australiar	n Age of Dinosaurs Lta	1		

Please forward your Application and Remittance to:

Australian Age of Dinosaurs, PO Box 408 Winton Qld 4735 07 4657 0078 | bookings@aaod.com.au

Cancellation Fees: **30** *days' notice* – No charges apply **14** *days' notice* – 50% of tour cost per person **7** *days' notice* – 100% of tour cost per person.