Return the completed form to: stay@edgewater.co.ck and events@badmintonoceania.org



PERSONAL INFORMATI	ON
Name	
Are you travelling with a group?	
Country	
Are you sharing your room?	
If so, who are you sharing with?	
CONTACT INFORMATION	ON
Telephone	
Email Address	
ROOM REQUIREMENTS	
Room Category	
Check in Date	
Check Out Date	
FLIGHT DETAILS	
Arrival Date	
Arriving Flight and Time	
Departure Date	
Departure Flight and Time	
Do you require Return Airport	Transfers (\$35 adults, \$22.50 children 2-12, free under 2's)
PAYMENT - Credit Card pay	ments will incur a 3.5% Administration Fee.
Type of Card	
Card Number	
Card Holders Name	
Expiration	
CVC Number	
SPECIAL REQUESTS	