



REQUEST FOR QUOTATION FORM

SCHOOL/ GROUP NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT DETAILS:

LANDLINE: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATES FOR CAMP: \_\_\_\_\_

HOW MANY LEARNERS: \_\_\_\_\_

HOW MANY ADULTS: \_\_\_\_\_

GRADE/ AGE OF GROUP: \_\_\_\_\_

ACTIVITIES REQUIRED: (FULL) \_\_\_\_ (NONE) \_\_\_\_ (PARTIAL) \_\_\_\_

CATERING REQUIRED: \_\_\_\_\_

PROPOSED ARRIVAL TIME: \_\_\_\_\_

FIRST MEAL REQUIRED AFTER ARRIVAL: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_

LAST MEAL REQUIRED PRIOR TO DEPARTURE: \_\_\_\_\_

BUDGET PER PERSON: \_\_\_\_\_

EXTRA NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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