

Facilities Form

Name:	
Address:	
Contact Name: (If applicable)	
Contact Details: (If applicable)	Ph:..... Fax:..... Mobile:..... – don't display on site <input type="checkbox"/> Email:.....
Facility Type: (Tick all that apply)	Toilet <input type="checkbox"/> Park/reserve <input type="checkbox"/> BBQ's <input type="checkbox"/> Pool <input type="checkbox"/> Baby/change facilities <input type="checkbox"/> Playground <input type="checkbox"/> Walking track <input type="checkbox"/> Fuel Station <input type="checkbox"/> ATM <input type="checkbox"/> Seating <input type="checkbox"/> Car Park <input type="checkbox"/> Black water dump station <input type="checkbox"/> Other <input type="checkbox"/> please specify.....
Website link for further info:	
Brief Description:	[REDACTED]
What is the facility:	
Who is it for?	
When is it open?	