Office use only

## War Holiday Homes Ballot Form

## October & Christmas Break 2015 & January 2016



## Ballot Application Rules:

- Only mark the locations and weeks you are prepared to accept. If several locations are selected, *please number your preferences in order. Please submit only 1 ballot form per member.*
- All successful ballots drawn are indicative of acceptance of a week and location and therefore considered a commitment. If you are successful and decline the offer, a minimum \$20 cancellation fee will apply. Only successful applicants will be notified.

Ballot No

- Rates are the standard weekly hire fees for each home. Increases on standard hire rates from 1 July 2015 apply. Bookings are made from Saturday to Saturday.
- Applications must be in the Member's name only and signed only by the Member. Only current financial members will be successful.
- Term Dates as provided by Department of Education in February 2015 actual dates may be subject to change.

October 2015 If several locations are selected, please mark holiday home preferences in order.

Week 1 Sat 26 Sep – Sat	03 Oct 🗌 Week 2 Sat 03 O	ct – Sat 10 Oct 📃 Either	<sup>-</sup> Week
Mandurah	Margaret River 1 Riverview Tourist Park (sleeps 6)	Albany	Port Denison
Busselton	Margaret River 2 New - Town View Terrace (sleeps 6)	Esperance	🗌 Kalbarri
Dunsborough	Augusta	Jurien Bay	If I'm successful in October ballot, then please exclude me in Christmas & January

Christmas 2015 & January 2016 If several locations are selected, please mark holiday home preferences in order.

Week 1	Week 2	Week 3	Wee	k 4	Week 5	Week 6	Any Week	
Sat 19 Dec – Sat 26 Dec 2015	Sat 26 Dec 2015 – Sat 02 Jan 2016	Sat 02 Jan – Sat 09 Jan 2016	Sat 09 Ja Sat 16 Ja		Sat 16 Jan – Sat 23 Jan 2016	Sat 23 Jan – Sat 30 Jan 2016		
Mandurah		Margaret River 1		🗌 Alb	anv	Port [	enison	
		Riverview Tourist Park (sleep	os 6)					
Busselton		Margaret River 2 New - Town View Terrace (sl	eeps 6)	Esp	perance	Kalba	rri	
Dunsboroug	h	Augusta		Jur	ien Bay			
Name:				Membe	ership No.:			
Home Address:				Suburb	:	PCode:		
Phone Number:	(H)			(M)				
E-mail:								
Members Signa	ture:					Date:		
Please return this signed form to the WARI Office by Friday 1 May 2015.								

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