Registration Form

23 - 26 September 2013

Once completed, please email or fax:

charlotte.james@aue.salvationarmy.org

Fax: (07) 3229 3884

QPAS NANO

Basic Info	Medical Info
Camper Junior Leader Leader	Emergency Contact Name:
Full Name:	Emergency Contact No.:
Male Female	Medicare Number:
Date of Birth: Age:	Healthcare Number:
Address:	Member of private health fund:
Suburb:	Pre-existing or present medical conditions/allergies:
State: Post Code:	
Home Phone: Mobile:	Name and dosage of any medication taken:
Parents Email:	
Corps you attend:	Any special dietary requirements:
I agree to be involved in all camp activities and abide by the camp rules. I understand that photos and videos taken at camp may	Payment Payment of the \$160 fee is due in full by Sunday 1st September
be used for future promotional material.	Credit Card
Child's Signature:	Please note there is a 2% surcharge passed onto the cardholder
Parent's Signature:	Credit Card Number:
Corps Officer's Signature:	Exp Date: Amount to Pay: \$
	Card Holder's Name:
LEADERS – Please fill in your blue card details	Card Holder's Signature:
Card No.: Exp Date:	Or
T-shirt size	
See brochure for sizing details	Payment through Corps Corps Officer to complete
Child: 2 4 6 8 10 12 Adult: Small Med Large XX-Large XX-Large	
Elective Choices Please choose one preference from each stream	
Stream #1 Kids Worship Junior Band Instrument Dance Timbrels Preaching	Stream #2 Rhythm Guitar Keyboard Drums Drama Song Writing Vocal Video & Tech Production

