



## REGISTRATION FORM

Registration closes Friday 5th September.  
Forms can be given to your Children's Leader  
or Corps Officer

Once completed, please email or fax:  
charlotte.james@ae.salvationarmy.org  
Fax: (07) 3229 3884

### Basic Information

Camper  Junior Leader  Leader

Full Name: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Parents Email: \_\_\_\_\_

Corps you attend: \_\_\_\_\_

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 be used for future  
promotional material.

Child's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Corps Officer's Signature: \_\_\_\_\_

### Leaders

Please fill in your blue card details

Card No.: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### Elective Choices

#### STREAM #1

Worship  Keys  Vocal  Guitar  Drums

Brass \_\_\_\_\_  Timbrels  Social Justice

Instrument

Drama  Sports Ministry  Preaching

### Medical Information

Emergency Contact Name: \_\_\_\_\_

Emergency Contact No.: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Healthcare Number: \_\_\_\_\_

Member of private health fund: \_\_\_\_\_

Pre-existing or present medical conditions/  
allergies: \_\_\_\_\_

Name and dosage of any medication taken: \_\_\_\_\_

Any special dietary requirements: \_\_\_\_\_

### T-shirt size (Please circle)

Child: 2 4 6 8 10 12

Adult: Small Med Large X-Large XX-Large

### Payment

Payment of the \$160 camp fee is due to your corps office prior to camp.

Payment through Corps

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Corps Officer to complete

#### STREAM #2

Vocal  Percussion  Dance

Video Tech  Hospitality  Visual Arts