

Please complete both sides of this form and return to:

Araluen Lutheran Camp
24 McDougall St. ANGLESEA Vic 3230

Camp Details

I would like to attend the

UFO Craft Camp Retreat 2020

This camp begins:

From Thursday 06th August 3pm

Camper's Details

Name

DOB:

(Please use preferred first name)

Address

Age

Town/Sub

State

Postcode

Phone: Hm

Mob

Email (for camper)

Camper Parent/Guardian Details (if camper under 18)

Name of Parent(s) or Guardian(s)

Phone: Hm

Wk

Mob

Medical Details

Please attach a separate sheet if further details are required

Allergies / Special Dietary needs ?

No

Yes (Please specify)

Dietary requirements

Family doctor/medical clinic

Ph.

Emergency Contact Details

MUST be available 24 hours every day during camp, and different from parent/guardian

(This person will be contacted in the event of an emergency if the parent/guardian is unable to be contacted)

Name

Relationship to camper

Phone: Hm

Wk

Mob

Church Fellowship

Are you currently attending a church?

Yes, regularly

Yes, occasionally

No

Name of the church you attend most often

Payment Details - **Tick your day of Arrival**

Thurs. Friday

\$
Total Amt. Due

- Please have your dietary requirements to us no later than the last Sunday before the Retreat commences.
- Information Flyer has arrival & pricing details.
- Credit Card Payment facility available on our Website in the "Card Payments" tab. www.araluencamp.com.au

Payment options

- I am paying by cheque / money order. (cheques payable to 'Araluen Lutheran Camp')
- I Have Paid Via The Card Payment Facility On The Camp Website
(Go to the "PAYMENTS" Tab). www.araluencamp.com.au
- * Follow the Directions on the Payments Page. **(Contact us if you would like assistance)**
- * Make Sure You Insert Your Name In The "Comments" Section.
- I have paid electronically into the Commonwealth Bank Account
'Araluen Lutheran Camp' BSB: 06 3863 Acc No. 1000 8010

Please note: Your place on camp is not confirmed until we receive full payment

Consent and Signatures

I understand that all reasonable care will be taken by the ALC, its coordinator(s) and leaders and I accept full responsibility for any injury or illness in the case of accident or other untoward incident. I give the event coordinator and other leaders authority to take any action deemed necessary for my welfare, including seeking medical attention on my behalf and calling for an ambulance. I recognize that I will bear the cost of any such treatment. I also agree to conduct myself in a Christian manner and understand that my involvement is conditional upon complying with such rules as set out by the ALC and event coordinator. I acknowledge that I will be responsible for any breakages that I may cause.

ALC PRIVACY POLICY STATEMENT: 1) ALC collects personal information about you, including sensitive information so that you may attend the event. Some of this information is to satisfy our legal obligations and to properly discharge our duty of care. 2) Information of a sensitive nature is only held by the event co-ordinators or their nominees. 3) ALC may include your contact details in a participant listing provided to leaders and other event participants. 4) ALC may, from time to time, use the information we have collected to contact you about future events, activities, or other promotions of ALC. 5) You may contact the ALC to view, update or change your information at any time. **6) If you do not wish your contact details to be included in participant listings tick the following box []** **7) If you do not wish to receive mailings, as outlined in point 4 above, tick the following box []** **8) If you do not wish to have photos in which you are pictured at ALC events published in reports or promotions of the ALC tick the following box []**

9) We will not disclose your personal information to 3rd parties for their own marketing purposes without your consent. 10) If a registration is cancelled within four weeks of the beginning of camp, a \$30 fee per person is withheld and the remaining payment returned to the payee.

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Camper signature

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Date

PARENT: I acknowledge that my child understands the terms above and that these responsibilities also lie with me.

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Parent signature (if camper is under 18)

--

Date

ALC ADMIN USE ONLY

Reply sent

Database

--

DATE RECEIVED

--

FEES PAID

--

OWING