

**ADULT APPLICATION
3-night camp**

**State Camp 2012
7 to 10 July
Douglas Scrub**



**GIRL GUIDES
AUSTRALIA
SOUTH AUSTRALIA**

**senSAational
2012**

**Total cost: \$240
Deposit of \$120 due Friday 2 March 2012
Balance of \$120 due Friday 18 May 2012**

LEADERS: Please photocopy this application form for your records before sending to Guide House. Please forward all forms and money to Guide House by Friday 2 March 2012.

Name: _____

Guide Name: _____

Membership Number: _____ Membership Expiry Date: _____

Police Check Expiry Date: _____

First Aid Certificate Date: _____

Unit/District/Region: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Email _____

CURRENT QUALIFICATIONS please circle all those that are applicable:

Leader of Youth	Leader of Adults	Resource Leader
Camping FD06 or FD07	QM FD04 or FD05	Campfire FDP8
Other, please write		

Do you have any other skills or experience that you can offer the camp?. _____

Which camp are you applying for?

- Saturday 7th July – Tuesday 10th July (9-13yrs subcamp)
- Saturday 7th July – Tuesday 10th July (14-17yrs subcamp)

**ADULT APPLICATION
3-night camp**

**State Camp 2012
7 to 10 July
Douglas Scrub**



**GIRL GUIDES
AUSTRALIA
SOUTH AUSTRALIA**

**senSA^{ti}onal
2012**

Applicants Name: _____

This form is for application and initial permission ONLY and will be followed up with a Health and Indemnity form once this application has been accepted.

Leaders MUST be financial members of Girl Guides Australia and have current Police Checks at the date of application and at the date of the camp. Late applications will not be accepted.

All details should be completed.

What role would you like to take on at State Camp?

Please tick all boxes that are applicable

- Subcamp LIC
- Assistant Subcamp LIC
- First Aider
- QM
- Assistant QM
- Activities Leader (within subcamp)
- Activities Leader (supervising/running activities)
- Other, please list: _____

Unit(s)/Leader(s) you would like to camp with _____

Additional information required

Special Dietary Requirements

Are there any dietary requirements that the camp organisers need to be aware of? (eg, vegetarian, gluten free etc.)
If yes, please list:

Health & Welfare

Are there any medical or health conditions that the camp organisers need to be aware of? If yes, please list:

Religious Customs

Are there any religious beliefs or customs that the camp organisers need to be aware of when planning the program or the menu? If yes, please list:

Signature _____

ADULT APPLICATION
3-night camp



GIRL GUIDES
AUSTRALIA
SOUTH AUSTRALIA

senSAational
2012

State Camp 2012
7 to 10 July
Douglas Scrub

Applicant's Name _____

Acceptance and understanding of conditions of the State Camp

The State Camp is open to any female member of Girl Guides Australia or a member of WAGGGS providing the following criteria has been met:

The Applicant:-

- a. is a financial member of GGA or WAGGGS on the date of application and at the date of the camp
- b. pays the camp fee by the due date
- c. will abide by the organisational rules as contained in Guide Lines (a publication containing the policy, organisation and rules of Girl Guides Australia which is updated from time to time) and will abide by all Policies and procedures as set by Girl Guides Australia and Girl Guides South Australia.
- d. consents to the SAPOL Police check policies of the organisation
- e. agrees that all copyright for all work and intellectual property produced by me in relation to my participation in the Guide program shall be assigned and belong to Girl Guides Australia
- f. authorises Girl Guides Australia and any person authorised by them to reproduce, publish, broadcast or do any of the acts comprised in the copyright subsisting in: photographs, video tapes, voice recording of her in any form deemed appropriate by Girl Guides Australia. I hereby release Girl Guides Australia and the Guide organisations of each State and Territory of Australia, from all claims, demands, actions, proceedings, costs or expenses relating to, arising out of use of material. (If desired, this clause may be deleted by ruling a line through the clause and initialing).
- g. consents to the collection and use of information supplied by me for the operation of Girl Guides Australia and Girl Guides South Australia. I acknowledge that the information will be dealt with in accordance with the Girl Guides Australia Privacy Statement and Policy contained in Guide Lines.

Travel arrangements to and from the Camp are at the expense of the Applicant.

I give permission to Girl Guides South Australia to use photos/video of me

Promotional materials Yes No Guides website Yes No

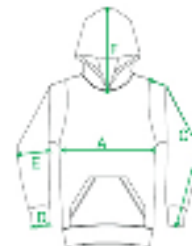
Signature _____ Date _____

Camp Clothing (included in your camp pack)

- Camp Beanie One Size fits all
- Polar Fleece Vest Chest Measurement _____ cms Clothing size

Please place a jumper flat on the ground and measure as per A in the picture from 2cm below armpit.

Size	2	4	6	8	10	12	14	16	18	20	22	24
½ chest	41	43.25	46	49	51.1	54	56.5	56	61.5	64	66.5	69
Length	46	50	54	58	60	62	64	66	68	70	72	74



**ADULT APPLICATION
3-night camp**



**GIRL GUIDES
AUSTRALIA
SOUTH AUSTRALIA**

**senSAational
2012**

**State Camp 2012
7 to 10 July
Douglas Scrub**

Applicant's Name _____

Payment Details

NB A cancellation fee will apply

Fee being paid is \$ _____

Type of Payment (Please tick): MasterCard |__| Visa |__| Money Order |__| Cheque |__| Cash |__|

Credit card number __|__|__|__| __|__|__|__| __|__|__|__| __|__|__|__|

Verification Code (last 3 digits on signature block) __|__|__| Credit card expiry date ____/____

Card Holder's Name _____ Signature _____

Contact Number (if trouble processing payment) _____

Refund Policy

If you cancel more than 90 days before the start of the event -100% refund will be given. If you cancel between 30-90 days before the start of the event - 60% refund will be given. If you cancel less than 30 days before the start of the event no refund will be given. If there are extenuating circumstances, please apply in writing attaching all relevant documentation. The decision will be negotiated by the Planning Committee and yourself.

For Office Use

Receipt Number: _____ Date processed _____

Refund Number: _____ Date processed _____