

**YOUTH APPLICATION
Overnight Camp**



GIRL GUIDES
AUSTRALIA
SOUTH AUSTRALIA

**senSAational
2012**

**State Camp 2012
8 to 9 July
Douglas Scrub**

The overnight camp is for girls aged 5 to 9 years and approved by their Leader to attend.

**Total cost: \$130
Deposit of \$70 due Friday 2 March 2012
Balance of \$60 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.

GIRLS: Please return to your Unit Leader by Friday 24 February 2012 with your deposit.

Name: _____

Membership Number: _____ Membership Expiry Date: _____

Unit/District/Region: _____

Address: _____

Postcode: _____

Telephone: _____ Email _____

Date of Birth ____/____/____ Age at time of camp _____

**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.
All details should be completed.**

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:

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Applicant's Name _____

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:

Adventurous Activities will include rock climbing (artificial surfaces).

My child has permission to participate in all activities except _____

To the best of my knowledge my daughter is fit to participate and has permission to take part in all activities other than those already noted above.

Parent/Guardian's signature _____

Acceptance and understanding of conditions of the State Camp

The State Camp Overnight 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 on the date of application and at the date of the camp
- b. is between the ages of 5 – 9 years
- c. pays the camp fee by the due date
- d. is self-sufficient and is able to cope with an outdoor camp
- e. can mix socially with a group of up to 5 girls, some of whom she may not know
- f. the applicant has previously camped at Guide camps as required

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

I give my permission for _____ to attend State Camp 2012

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

Promotional materials Yes No Guides website Yes No

Parent/Guardian's signature _____

Parent/Guardian's name and contact phone number (Please print) _____

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Applicant's Name _____

Unit Leader's recommendation

(Please note the application will not be accepted without the Unit Leader's recommendation)

This confirms _____ (Guide's name) is a member of Girl Guides Australia and will be able to fulfil the requirements of attending the State Camp. She has camped _____ nights under canvas. She has stayed away from home _____ nights. A Leader from the Guide Unit will/will not be attending the State Camp Overnight Camp

Date _____ Leader's signature _____ Leader's name

Camp Clothing (included in your camp pack)

- Camp Beanie One Size fits all

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 _____