

Christian Youth Camp —Burleigh

CAMP REGISTRATION

Please indicate which camp you are applying for:

Camper Name: _____

Address: _____ P/C:

Email: _____

Male / Female

Emergency Contact Name: _____

Phone: (Home) _____

(Work) _____

(Other) _____

I would like to be in cabin or room with: _____

CAMP FEES

Cheque / Money Order (**payable to “Christian Youth Camp”**) \$ _____

Credit Card: Mastercard / Visa / Bankcard

Cardholder name: _____

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____

Amount: \$ _____ Signature: _____

Campers Statement:

Please accept my application to attend the CYC Camp at Burleigh Heads. I agree to abide by the camp rules and respect the Camp Leaders authority.

I understand that the leaders and officers of the camp will exercise all the possible care, but will not be held liable for any injury or damage to person or property.

Campers Signature: _____

Date: ___/___/___

TRANSPORT

If transport to camp has been organised by Christian Youth Camp -Burleigh please confirm this service, pick up and drop off points with campsite staff. Please write below the confirmed pick up/drop off point organised with campsite staff.

Pick up point: _____

Drop off point: _____

DIETARY REQUIREMENTS

Please indicate any specific dietary requirements you may have. This assists us in menu planning and ordering prior to the camp.

Name: _____

Signature: _____

Date: ____/____/____

ADDITIONAL INFORMATION/COMMENTS

Mail all registration forms to:

Camp Burleigh

PO Box 448 Burleigh Heads Q 4220

Tele: 07-5535 1324 Fax: 07-5535 3444

Email: cyccampburleigh@bigpond.com