



Ten Pin Bowling Camp and Adventure Holidays 2012 Application Form

These programs offer support on a 1:4 or 1:3 ratio as well as 1:2 on the Mandurah Ten Pin Bowling Camp. Please indicate your program selection(s) in order of preference from 1 to 4.

Adventure Holidays

Preference	Destination and Date	Cost (1:4/1:3)
<input type="checkbox"/>	Fairbridge Adventure Mon 19 Mar – Fri 23 Mar	\$640/\$685
<input type="checkbox"/>	Bridgetown Adventure Mon 8 Oct – Fri 12 Oct	\$655/\$700
<input type="checkbox"/>	Rottneest Island For Young Adults Mon 15 Oct – Fri 19 Oct	\$720/\$770
<input type="checkbox"/>	Outdoor Activities Adventure Mon 5 Nov – Fri 9 Nov	\$750/\$810

Ten Pin Bowling

Preference	Destination and Date	Cost (1:4/1:3/1:2)
<input type="checkbox"/>	Mandurah Ten Pin Bowling Camp Fri 22 Jun – Sun 24 Jun	\$435/\$460/\$520

How many of the above holidays do you wish to attend? Please tick: 1 2 3 4

Please note:

- To attend any of these programs you must be able to access a 22-seater coaster bus. These vehicles are not wheelchair accessible.
- Sending in an application does not guarantee you a place on the program.

Applicant Details

Surname: _____ Given Name: _____
 Preferred Name: _____ Male Female DOB: _____
 Companion Card No: _____ Expiry: _____ Place of Employment: _____
 Residential Address: _____ P/Code: _____
 Mailing Address: _____ P/Code: _____
 Phone: _____ Email: _____
 Support Person's Name: _____ Phone: _____
 Name of person completing this form: _____

Emergency Contact Person(s) (Must be 24-hours)

Name: _____ Relationship: _____

Phone (Wk): _____ Phone (Hm): _____ Phone (Mob): _____

Name: _____ Relationship: _____

Phone (Wk): _____ Phone (Hm): _____ Phone (Mob): _____

Medication Advice

Do you require support with medication administration?

Independent Require assistance

Do you use a Webster/blister pack for your medication?

Yes No

Medication/Treatment	Reason	Dosage	Frequency

Any other information (e.g. let us know if you have a friend on the holiday and you would like to be grouped together)

Consent

I consent to (participant name) _____ attending this program. I agree that I/he/she will be subject to the requirements and regulations of the programs being conducted by Activ™ Recreation.

Signature of Participant: _____ Date: _____

and/or

Signature of Parent/Guardian/Carer: _____ Date: _____

Please note

To attend any Activ™ Recreation program you must complete a Service User Information Form including the Water and Boating Consent form. Service User Information Forms are available from Activ™ Recreation. The information contained in the forms is of great importance in order for us to provide adequate support whilst you are in our care.

Please *do not* send any payments with this application form. When the program placements have been made you will be sent an acceptance letter advising payment details.

Please return your application form to:



Activ™ Recreation
 25 Ewing Street, Bentley, WA 6102
 Phone: (08) 9258 4711 Facsimile: (08) 9258 4755