



Rec Ends 2012 Application Form

These programs offer 1:4, 1:3 and 1:2 support ratios. Please indicate your program selection(s) in order of preference from 1 to 4.

Preference	2012 Dates	Rec End Activities	Cost (1:4/1:3/1:2)
<input type="checkbox"/>	Fri 9 Mar – Sun 11 Mar	Animal Lovers	\$395/\$420/\$470
<input type="checkbox"/>	Fri 18 May – Sun 20 May	Ladies Weekend	\$415/\$440/\$495
<input type="checkbox"/>	Fri 6 Jul – Sun 8 Jul	Art & Craft Weekend	\$365/\$400/\$460
<input type="checkbox"/>	Fri 3 Aug – Sun 5 Aug	Football Weekend	\$435/\$470/\$530
<input type="checkbox"/>	Fri 17 Aug – Sun 19 Aug	New Norcia	\$365/\$390/\$440
<input type="checkbox"/>	Fri 21 Sep – Sun 23 Sep	Animal Lovers in the Valley	\$425/\$450/\$495
<input type="checkbox"/>	Fri 19 Oct – Sun 21 Oct	Whale Watching	\$415/\$440/\$495
<input type="checkbox"/>	Fri 2 Nov – Sun 4 Nov	Perth Motorcycle & Scooter Show	\$425/\$465/\$480
<input type="checkbox"/>	Fri 23 Nov – Sun 25 Nov	Fun in the Sun	\$405/\$425/\$470

How many Rec Ends 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
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