

Special Events 2012 Application Form



These programs offer support on a 1:4 or 1:3 ratio. Please indicate your program selection(s) in order of preference from 1 to 4.

Preference	2012 Dates	Special Event Activities	Cost (1:4/1:3)
<input type="checkbox"/>	Fri 17 Feb – Sun 19 Feb	Boyup Brook Country Music Festival	\$500/\$530
<input type="checkbox"/>	Fri 2 Mar – Mon 5 Mar	Nannup Music Festival	\$655/\$695
<input type="checkbox"/>	Fri 13 Apr – Sun 15 Apr	Fairbridge Festival	\$475/\$505
<input type="checkbox"/>	Fri 20 Apr – Sun 22 Apr	Speedway Weekend	\$415/\$445
<input type="checkbox"/>	Fri 27 Apr – Sun 29 Apr	V8 Supercars	\$535/\$555
<input type="checkbox"/>	Fri 7 Sep – Sun 9 Sep	Bunbury Spring Ball	\$465/\$490
<input type="checkbox"/>	Fri 5 Oct – Sun 7 Oct	Perth Royal Show	\$425/\$455
<input type="checkbox"/>	Fri 9 Nov – Sun 11 Nov	Bridgetown Blues Festival	\$550/\$575

How many Special Events 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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