

**OFFICERS' AND LEADERS' CONFERENCE**  
**Camp Somerset 24-25 May 2008**

**REGISTRATION FORM**

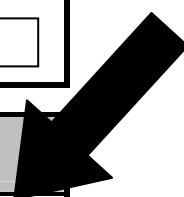
Please photocopy and complete separate registration form for each adult participant

NAME		
ADDRESS		
	Postcode	
PHONE NUMBERS	Home	Work
	Mobile	
EMAIL		
BB COMPANY		
OTHER FAMILY MEMBERS ATTENDING CAMP - Name(s), Age(s)		

Will you be attending the full Conference?		Yes	<input type="checkbox"/>
When will you arrive at Conference?	Friday	<input type="checkbox"/>	Saturday <input type="checkbox"/>
Will you need Saturday breakfast?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Day participant only? <i>please indicate day</i>	Saturday	<input type="checkbox"/>	Sunday <input type="checkbox"/>
<i>please indicate meals required</i>	Breakfast	<input type="checkbox"/>	Breakfast <input type="checkbox"/>
	Lunch	<input type="checkbox"/>	Lunch <input type="checkbox"/>
	Dinner	<input type="checkbox"/>	
Special Dietary Needs - <i>attach separate sheet if necessary.</i>			

<b>Please indicate preferred program area(s) - <i>this will assist with planning.</i></b>					
Anchors	<input type="checkbox"/>	Juniors	<input type="checkbox"/>	No.2 Section	<input type="checkbox"/>

<b>CLOSING DATE FOR REGISTRATIONS</b>
<b>REGISTRATION FORMS DUE AT BRIGADE OFFICE . . . Monday 19 May 2008</b>



**MEDICAL INFORMATION**

NAME

Emergency Contact

Phone

Mobile

Alternative Emergency Contact

Phone

Mobile

Doctor

Phone

Private Health Fund

Membership Number

Medicare Number

Date last Tetanus Injection

**CONSENT**

In submitting this registration I acknowledge my willingness to participate in the Officers' Conference, as conducted by The Boys' Brigade Queensland, from Friday 23 May to Sunday 25 May 2008.

I authorise the staff of the Officers' Conference, Boys' Brigade officers, its servants or agents, in the event of an accident, injury, illness or loss suffered by myself whilst involved in any aspect of the Course, to obtain any necessary medical assistance or treatment including, but not limited to, engaging any doctors, nurses, ambulance assistance or hospital accommodation, and accept responsibility for payment of all expenses associated with such treatment.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONFERENCE FEES**

Adult Participant

\$90.00 per person

Children/Young People

\$90.00 per child/young person

(4 yrs and over - under 3 yrs no charge)

Day Rate

\$40.00 Saturday only  
\$30.00 Sunday only**PAYMENT****Total Payment Enclosed****\$** .....

Send this completed form by : Mail to - The Boys' Brigade Queensland  
PO Box 1471, Kenmore 4069  
Fax to - 07 33743294

Payment may be by : cheque payable to - The Boys' Brigade Queensland

Cash - **but please do not send cash in the mail.**

Internet Transfer (EFT) - for details phone Brigade Office - 07 33743224

**OFFICE USE ONLY**
