

OFFICERS' AND LEADERS' CONFERENCE
 Currimundi Recreation Centre 23-24 May 2009

REGISTRATION FORM

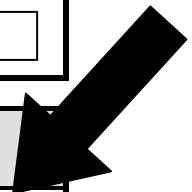
Complete separate form for each adult participant. Photocopy this form if necessary.

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>			

Please indicate preferred program area(s) - <i>this will assist with planning.</i>			
Anchors	<input type="checkbox"/>	Juniors <input type="checkbox"/>	Seniors <input type="checkbox"/>

CLOSING DATE FOR REGISTRATIONS
Registration forms are due at Brigade Office by .. Tuesday 19 May 2009



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 **Saturday 23 May to Sunday 24 May 2009**.

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

\$85.00 per person

Family Rate -

including children under 17years

Contact Brigade Office

Day Rate

Contact Brigade Office

PAYMENT * .. at Camp please (or before). Thank you!

Total Payment Enclosed

\$

Send this completed form by : Mail to - PO Box 1471, Kenmore 4069

Fax to - 07 3374 3294

Email - bbqld@brigadeaustralia.org

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

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

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

OFFICE USE ONLY
