



Summer Camp 2012 January 19-22

Commitment to Fun

I will not bring drugs, alcohol, cigarettes or any illegal substances to camp. I will not bring anything that will potentially harm others. When at camp I will follow the rules set out by the Winmalee Conference Centre and CCH Wildcats.

Where: Winmalee Conference Centre
59 Leslie St Winmalee NSW 2777

When: Pick up/Drop off at
"The Bridge" Unit 4, 67-71 Jersey Street,
Hornsby NSW 2077.

Drop off: Thurs 5pm @ 'The Bridge'
Pick up: Sun 8.30pm @ 'The Bridge'

Registration Form

Child's Name: _____

Parent/Guardian: _____

Date of Birth: ___/___/___ School Yr: _____

Name: _____

Email: _____

Contact No: _____

Address: _____

Alternative No: _____

Home phone: _____

Email: _____

Email: _____

Other Emergency Contact:

RT Leader: _____

Name: _____

Allergies: _____

Relationship: _____

Medical Conditions: _____

Contact No: _____

(Please bring all medication needed and take responsibility for the use of this medication)

** I give permission for my child to attend Summer Camp 2012.*

Parent/Guardian Signature: _____

I have read and will comply to the commitment to fun (above).

Signed (by camper): _____

PAYMENT - \$190.00

Please find the enclosed amount of \$ _____ (cash, cheque, credit card or direct deposit)

- Cheques made payable to Community Church Hornsby
- CCH banking details: Acc. No.: 2800 4259 BSB: 062 308)
- Credit Card:

Card Holder's name: _____

Expiry Date: ___/___/___

Card Number: _____ Signature: _____

Transport:

A bus will be provided to take campers between the pick-up/drop-off point and the campsite. This bus is included in the cost. Alternatively, some campers may be required to travel to the campsite with leaders if overcrowding does occur on the bus.

I agree for my child to be transported to and from the campsite as stated above: _____





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Paracetamol Permission

I give permission for CCH Wildcats youth leaders to give my child paracetamol if required.

Signed: _____

Photo Release Form

I give permission for any photos or videos of my child that are taken on camp to be used for CCH promotional material or the CCH website.

Signed: _____

Medical Conditions

Please include any relevant information regarding medical conditions below:

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Contact Information

* Below you will find relevant contact details that you may require. Please tear this section off and keep before handing in the registration form.

If you have any other queries or questions, or if you need to contact anyone throughout the course of the camp, feel free to use the contact details provided below.

Winmalee Christian Conference Centre: **(02) 4754 2588**
59 Leslie St Winmalee NSW 2777.

Community Church Hornsby: **(02) 9482 2479**
'The Bridge' (Pick up and Drop off Venue)
Unit 4, 67-71 Jersey Street, Hornsby NSW 2077.
www.cch.net.au.

Caroline & David Dennis (CCH Youth Pastors): **0422 287 251** (Caroline) & **0401 953 932** (Dave)
caroline@cch.net.au & davidd@cch.net.au.

Joshua Wengi (CCH Wildcats Co-Coordinator): **0450 200 568**
joshw@cch.net.au.

Or find us on Facebook: <http://www.facebook.com/cchyouth>.

