



# CAMP WARRAWEE

## ADVENTURE VACATION CARE

### BOOKING FORM 2018

**Parent/Guardian** Person (wife/husband) who has child care benefit link with the child/ren and receives the Assessment Notice.

Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email: \_\_\_\_\_

| DAYS                                       | Monday<br>2 July 2018    | Tuesday<br>3 July 2018   | Wednesday<br>4 July 2018                | Thursday<br>5 July 2018  | Friday<br>6 July 2018    |
|--------------------------------------------|--------------------------|--------------------------|-----------------------------------------|--------------------------|--------------------------|
| CHILD/RENS FULL NAME/S                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
| DAILY COST<br>The gap is charged after CCB | \$68.00 per child        | \$68.00 per child        | \$68.00 per child<br>+\$15.00 incursion | \$68.00 per child        | \$68.00 per child        |

| DAYS                                       | Monday<br>9 July 2018    | Tuesday<br>10 July 2018  | Wednesday<br>11 July 2018               | Thursday<br>12 July 2018 | Friday<br>13 July 2018   |
|--------------------------------------------|--------------------------|--------------------------|-----------------------------------------|--------------------------|--------------------------|
| CHILD/RENS FULL NAME/S                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
| DAILY COST<br>The gap is charged after CCB | \$68.00 per child        | \$68.00 per child        | \$68.00 per child<br>+\$15.00 incursion | \$68.00 per child        | \$68.00 per child        |

#### Permission To Participate In Activities

I \_\_\_\_\_, give permission for my child/ren (as detailed above) to participate in the below areas/activities at YMCA Camp Warrawee during the Adventure Vacation Care Program:

- ◆ Swimming pool and natural water areas
- ◆ Forested and natural areas on site
- ◆ Various adventure activities (ropes, land and water based)
- ◆ Excursion to Camp Bundalong, Camp North Pine or Old Petrie Town (crossing one road but primarily staying on YMCA property).

*Signing this form is a confirmation of your booking, all days will be charged as per this form unless any cancellations (in writing) are made by Close of Business of the **Monday the week prior** to the booking.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                         |                               |                                     |
|-------------------------|-------------------------------|-------------------------------------|
| Payment by credit card: | Visa <input type="checkbox"/> | MasterCard <input type="checkbox"/> |
| Card number: _____      | Expiry Date: ____ / ____      | CCV: _____                          |
| Name on Card: _____     | Signature: _____              |                                     |

Fees must be paid in full before your child attends. Statements will be sent to your nominated e-mail address. Credit Card payments will be processed on the **Monday** prior to the above table of dates.

Please return booking form to: [camp.warrawee@ymcabrisbane.org](mailto:camp.warrawee@ymcabrisbane.org)