



Youth Camp Booking Form

Please complete in **BLOCK LETTERS**.

NAME OF ATTENDEE

AGE OF ATTENDEE (At time of next Youth Camp).....

CATTLE HANDLING EXPERIENCE (Please tick): Nil Very little Some Capable

PLEASE LIST ANY ALLERGIES / MEDICAL CONDITIONS AND DIETARY REQUIREMENTS

.....
.....
.....

PARENT / GUARDIAN NAME

POSTAL ADDRESS

..... **POSTCODE**

TELEPHONE (Home)..... **TELEPHONE** (Work)

MOBILE **EMERGENCY**

EMAIL

CHAPERONE NAME

(All attendees 11 years and younger must be accompanied by a chaperone)

POSTAL ADDRESS

..... **POSTCODE**

TELEPHONE (Home)..... **TELEPHONE** (Work)

MOBILE **EMAIL**

..... **SIGNATURE OF ATTENDEE**

..... **SIGNATURE OF PARENT**

..... **SIGNATURE OF CHAPERONE** (if applicable)

..... **DATE**

..... **DATE**

By signing this form I the parent / guardian confirm my booking and give permission for my son / daughter to participate in the Hoffy's Wandoan Youth Braford Camp at the Wandoan Showgrounds and that the nominated chaperone accepts responsibility for my son /daughter on my behalf.

By signing this form the Attendee agrees to abide by the Hoffy's Wandoan Youth Braford Camp Code of Conduct as stated on the Australian Braford Society website.

PLEASE RETURN YOUR FORM AND PAYMENT TO:

Australian Braford Society Inc., 122 Denham St, PO Box 749, Rockhampton Queensland 4700
or email admin@braford.org.au Tel: (07) 4927 5196 Fax: (07) 4927 5708 Visit www.braford.org.au

BANK DETAILS

ACCOUNT NAME: Australian Braford Society Incorporated **BSB:** 034 210 **ACCOUNT NUMBER:** 338830