

# REGISTRATION FORM

## FOR CFFD REGIONAL CAMP 8<sup>TH</sup>-10<sup>TH</sup> MARCH 2019

Everyone attending camp is required to fill out a separate form.

Please fill in **ALL appropriate boxes, on both sides of form, sign** and return **asap** to:

CFFD Wellington Camp, 14 Moana Grove, Waiwhetu, Lower Hutt 5010

email [cffd-wgtn@actrix.co.nz](mailto:cffd-wgtn@actrix.co.nz)

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_

GENDER: male  female  NAME FOR TAG: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE at camp: \_\_\_\_\_

CONTACT PERSON DURING CAMP in case of emergency

Name: \_\_\_\_\_ Phone no.: \_\_\_\_\_

ENCLOSED Full fee (\$80)  Travel (\$30)

or paid by Internet Banking to ANZ Account No 010142-0029685-12, CFFD Wellington   
(with my surname as reference).

ATTENDING FOR: weekend  DAY ONLY: Sat  Sun

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### PERSONAL CARERS–

Are you willing and able to provide responsible personal care to a person who requires extra support; such as showering, toileting, dressing and feeding? yes  no

Are you able to lift? yes  no

Please comment on your abilities and experience:

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### DAY VISITORS – \$30 (Saturday), \$15 (Sunday) – **please register**

Please indicate which meals you require:

Saturday – Lunch  Dinner  Sunday – Lunch

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TRANSPORT – \$30 (inc return) **for weekend campers/carers** only from the areas listed below:

I would like to use CFFD arranged transport yes  no

From: Lower Hutt  Wellington  Porirua

**(PTO....)**

