



Registration Form - Week Away Manna Park 6 – 13 April 2024

Name:

Address:

Phone:

Email:

Emergency contact Name:

Relationship:

Phone:

Regarding the evening meals

Please tick for any dietary requirements: (copy and paste this)

Vegetarian

No Red Meat

No Chicken

No Fish

Gluten Free

Other

Allergies

Regarding the accommodation:

Are you planning to camp _____ or stay in shared rooms inside

Are there people who you'd like to share room with?

To place you in a room that is best suited. What are your sleeping habits/needs:

Do you snore?

Are you a light sleeper?

Early or late to bed?

Early or late to rise?

Will you allow us to share your contact details with the other people coming?

Payments: BSB: 633 000 Account: 110 64 77 99 Reference: W-A & name
\$100 deposit, to be paid by 15/12/23 Remaining \$130 date TBC

Acknowledgment of Risks and Obligations of Members

During the week away – to minimize risks I will endeavor to ensure that:

- Each activity is within my capabilities
- I am carrying food, water and equipment appropriate for the walks/activities.
- I will advise the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the walk/activity
- I will make every effort to remain with the rest of the party during the walk/ activity
- I will advise the leader of any concerns I am having, and
- I will comply with all reasonable instructions of club officers and/or the walk/activity leader.

Signature

Date / / 20