

SHILOH RANCH
APPLICATION FORM LEADERSHIP TRAINING
3RD ~ 5TH December 2004

Name _____

Address _____

P/C _____ Date of Birth _____ Age _____

Male _____ Female _____ (please tick) Ph: _____

Any allergies (please list) _____

Any Dietary Requirements (please list) _____

Ambulance Cover yes No (please circle)

Medicare Number _____

Authorisation (If under 18)

Parent/Guardian Name in full _____

Address _____

P/C _____ Ph (hm) _____ (wk) _____

Mobile _____

Next of kin full name _____

Ph (hm) _____ (wk) _____ Mobile _____

I give my permission for the Shiloh Ranch staff to obtain any medical attention considered in the event of an accident or illness & I agree to meet all costs incurred with such treatment. I also give permission for Shiloh Ranch staff to give panadol if necessary for minor complaints.

I give permission for any photo's taken to be used for promotions and advertising.

Signed (Parent/Guardian) _____ Date _____

Camper (If over 18) Sign _____ Date _____

Cost \$60.00 Enclosed \$ _____ RSVP 19th November 2004

Return form to: Shiloh Ranch Leadership Training

PO Box 47, Grantville, 3984