



# BACKFLIP 2009 APPLICATION FORM

## MY DETAILS

Schoolies' Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ (m): \_\_\_\_\_

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

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Church: \_\_\_\_\_ (if any)

A detailed Medical Information Form will be sent upon receipt of this application. This medical form must be completed and returned before the event.

## MY AGREEMENT

I understand that SU-SCHOOLIES events are 100% drug and alcohol free activities and I agree to abide by that standard and to follow lawful directions of the leaders of the event.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT / GUARDIAN'S CONSENT

I understand that the SU-SCHOOLIES leaders will take responsible care of my child whilst at SU-SCHOOLIES and that SU Qld or its representatives will not be liable in any injury or accident, or for damage or loss of property. I give my consent for and agree to pay for any necessary medical treatment. I understand that in case of unacceptable behaviour, participants will be sent home from the event.

Parent/Guardian Name: \_\_\_\_\_ Relation to camper:  Father  Mother  Guardian

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

## PAYMENT

I have included \$\_\_\_\_\_ in payment of my schoolies fees.

Minimum deposit \$175 is required, non-refundable on withdrawal.

CASH/CHEQUE - Please make cheques payable to 'SU Qld'

CREDIT CARD:

Visa  Mastercard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return this form to:  
SU-SCHOOLIES Backflip 2009  
SU Qld  
PO Box 1167  
EAGLE FARM, QLD, 4009

VISIT US ON THE WEB AT:  
WWW.SU-SCHOOLIES.COM

Contact Information  
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