



FULL THROTTLE 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 \$250 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 Full Throttle 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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