

BACKFLIP 2007 :: APPLICATION FORM

MY DETAILS

Schoolies' Name: _____
 Address: _____
 _____ Postcode: _____
 Phone (h): _____ (w): _____ (m): _____
 Email: _____
 Date of Birth: _____ Grade: _____ Gender: Male Female
 School: _____ Church: _____

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 all responsible care of my child whilst at *SU-SCHOOLIES* and that SU 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: _____

Signature: _____ Date: _____

Father Mother Guardian

PAYMENT

I have included \$ _____ in payment of my schoolies fees.
 Minimum deposit of **\$150** is required, non-refundable on withdrawal.

- CASH**
- CHEQUE** - Please make cheques payable to **Scripture Union Queensland**
- CREDIT CARD:**

Visa Mastercard American Express Diners' Club

Card Number: _____ - _____ - _____ - _____

Expiry Date: ____ / ____ CCV: _____

Name on Card: _____ Signature: _____