

# 2010 Great Vic Bike Ride Camp Expression of Interest

Date: 28<sup>th</sup> November – 6<sup>th</sup> December 2009

Cost: \$400 per person

Please Print Clearly to ensure you continue to receive information

NAME OF CAMPER: .....

DOB: ...../...../..... Age: ..... MALE/FEMALE (please circle)

POSTAL ADDRESS: .....

TOWN:..... POSTCODE: .....

PHONE NO: ( ).....MOBILE: .....

Have you ever been on a Diabetes Camps Victoria before? Yes  No

If yes, what year/s?.....

If NO, please fill in the following questions

Have you applied to be on camp before? Yes  No

If yes, what year/s?.....

When were you diagnosed with type 1 diabetes? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you own your own Bike? Yes  No

If no can you borrow a good working bike? Yes  No

Can you ride a bike comfortably for at least 10km? Yes  No

How would you rate your riding ability? \_\_\_\_\_

- It is advisable you check forms are completed and you take a photocopy of your completed application for your own records.
- Any changes to this application (contact details) will need to be forwarded to the Diabetes Camps Victoria Program Coordinator.

Please return no later than **Monday 20<sup>th</sup> of July**

Send this application to: **Linda Douglas the Diabetes Camps Victoria Program Coordinator**

Address: **Diabetes Camps Victoria, 570 Elizabeth Street, Melbourne, Vic, 3000**





DIABETES CAMPS

VICTORIA

