

# 2010 Camp Expression of Interest

Please Print Clearly to ensure you continue to receive information

NAME OF CAMPER: .....

DOB: ...../...../..... SCHOOL GRADE 2010: ..... MALE/FEMALE (please circle)

PARENT OR GUARDIAN NAME: .....

POSTAL ADDRESS: .....

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

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

**Tick box according to camper's grade in 2010 or other camp you are interested in.**

<input type="checkbox"/>	<b>Junior Camp (grade 5-7)</b>
Dates: 10 -14 January 2010	
Venue: Anglesea Recreation Camp, Anglesea	
Cost: \$300	

<input type="checkbox"/>	<b>Senior Camp (grade 8-9)</b>
Dates: September school holidays (TBC)	
Venue: Mt Buller (Meeting place TBC)	
Cost: \$350	

<input type="checkbox"/>	<b>Teenage Camp (grade 10-12)</b>
Dates: 16-21 January 2010	
Venue: Halls Gap(meeting point for camper is @ RCH)	
Cost: \$200	
<i>For Teenage Camp Trainee Recreation Volunteer consideration see below</i>	

<input type="checkbox"/>	<b>Autumn Camp (grade 3-4)</b>
Dates: April Thursday 8 <sup>th</sup> - Sunday 11th	
Venue: Arrabri Lodge, Warburton East	
Cost: \$200	

<input type="checkbox"/>	<b>Family Camp (child with diabetes age 4-9years)</b>
Dates: June long weekend 12-14	
Venue: Lady Northcote YMCA	
Cost: \$400	
(expression of interest only still at proposal stages, need family feedback)	

<input type="checkbox"/>	<b>Great Vic (18 – 25 years)</b>
Dates: Sat November 28 – Sun December 6 2009	
Venue: Great ocean road	
Cost: \$400	

**Please return no later than Monday 20<sup>th</sup> of July**  
**Send this application to: Linda Douglas the Diabetes Camps Program Coordinator**  
**Address: Diabetes Camps Victoria, 570 Elizabeth Street, Melbourne, Vic, 3000**  
***Do not send deposit or any payment with this application***

## 2010 Camp Expression of Interest

**Please answer all applicable question completely and clearly.  
If you do not understand any questions call the DCVC  
On (03) 9667 1746**

**Has your child been on a Diabetes Camps Victoria before?** Yes  No   
If yes, what year/s?.....(be specific please)

If NO, please fill in the following questions

**Have you applied to be on camp before?** Yes  No

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

**Do you live in a rural/regional area?** Yes  No

**When was your child diagnosed with type 1 diabetes?** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tick this box if you would like to apply for financial assistance.

If this is your last **teenage camp** (i.e. you are in grade 12 or 17 years old) you can apply to be a trainee volunteer on camp. Please tick the box if you are interested in learning what it is like to be a volunteer on camp.

- It is advisable for you to 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.
- All pages of the application will need to be filled in completely.  
**Please check forms are completed before you send it back to Diabetes Australia-Victoria.**



DIABETES CAMPS

VICTORIA

