

**DOING IT FOR DOWN SYNDROME - WE ARE FAMILY CAMP**

We invite you to join us for another fun-filled weekend at Camp Clayton, Ulverstone. Another packed weekend is being planned and this year we are utilising the camps facilities the entire stay. Childcare will again be available.

**REGISTRATION FORM**  
**from 5pm Friday 1<sup>st</sup> to 10am Sunday 3<sup>rd</sup> March 2019**  
 Sunday morning will be a farewell breakfast prior to departing

Name of person with Down syndrome: \_\_\_\_\_ Age: \_\_\_\_\_

Name(s) accompanying parent(s)/guardian(s): \_\_\_\_\_

Name(s) of accompanying Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

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

P: \_\_\_\_\_ M: \_\_\_\_\_ E: \_\_\_\_\_

**PLEASE NOTE THIS REGISTRATION FORM IS FOR IMMEDIATE FAMILY ONLY**

ACCOMMODATION REQUIRED:	Friday evening	<input type="checkbox"/>
	Saturday evening	<input type="checkbox"/>
MEALS REQUIRED:	Friday evening (served at 6pm)	<input type="checkbox"/>
	Saturday (all meals)	<input type="checkbox"/>
	Sunday (breakfast)	<input type="checkbox"/>

Special Dietary Requirements: \_\_\_\_\_

Any person with Critical Dietary Requirements are to lodge details directly with Camp Clayton at <http://www.campclayton.org.au/critical-and-special-diets.html> and advise accordingly

**Down Syndrome Tasmania Members:**

Cost per family \$85.00

Note: If you are not a DST member please complete the membership form for insurance purposes.

**Please send this application along with payment details to:**

**Doing it for Down Syndrome Camp, PO Box 1157, Devonport, 7310 OR [info@downsyndrometasmania.org.au](mailto:info@downsyndrometasmania.org.au)**

**Payment Options**

CHQ/Money Order made payable to "Down Syndrome Tasmania"

or Direct Credit to Down Syndrome Tasmania with your name as reference

BSB:633-000 – Account 159 515 683

or debit the above amount to my VISA / Mastercard / Bankcard (Please circle card type)

CARD NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EXPIRY: \_\_\_\_\_ / \_\_\_\_\_ CCV NUMBER: \_\_\_\_\_ (3 numbers on back of card)

Name on card: \_\_\_\_\_

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

**Limited numbers available - RSVP no later than 14 February 2019**