

ROWALLAN GIRL GUIDE CAMP

Rowallan Rotary Sheila Cameron Campsite

CAMPER REGISTER

This form must be completed and handed to the Camp Ranger on arrival at the Campsite.

Name of Group: _____

Date & Time of Arrival: _____ AM / PM

Date & Time of Departure: _____ AM / PM

Campsite (Please Circle) Minda Killara (Indoor) Walter Murphy (Outdoor)

NAME, ADDRESS, TELEPHONE NUMBER OF PERSON IN CHARGE

Name: _____

Address: _____
 _____ Post Code _____

Contact Number: _____

	Names of ALL Staff & Participants		Time & Date of Arrival & Departure	
	FIRST NAME	SURNAME	(If different from above)	
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ROWALLAN GIRL GUIDE CAMP

Rowallan Rotary Sheila Cameron Campsite

CAMPER REGISTER (Continued)

Names of ALL Staff & Participants FIRST NAME SURNAME		Time & Date of Arrival & Departure (If different from above)	
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Privacy

Rowallan Rotary Sheila Cameron Campsite has a privacy policy that any personal information including medical details gathered by the campsite or provided by the group leaders will remain confidential and only used for the purposes for which it was collected.