

Please print this page out and send to the address at the bottom of the form

# BERWICK OUTDOOR EXPERIENCE

11<sup>th</sup> - 19<sup>th</sup> May 2012

APPLICATION FORM



**Please Print Clearly**

Name:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:			
Age:	Occupation:		
Phone:	E-Mail:		
Recreational Interests:			
Expectations: Why do you want to attend this course?			
What do you hope to achieve while you are on the course?			
Please list any medical or health problems. We need to know for safety reasons! e.g. arthritis, asthma, diabetes, sight impairment etc			
Give details of any special dietary needs:			
How would you rate your level of fitness?			
Have difficulty getting off the couch 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Could run around the block			

## Course limited to 40 - so be in quick!

**RESTRICTIONS WILL APPLY ON SMOKING AND THERE WILL DEFINITELY BE  
NO ALCOHOL OR DRUG USE IN THE CAMP.**

**Please enclose deposit of: \$50 or Total Cost of: \$480**

**Payable to: Taieri Lions Club.**

**Send to:** Kevin Moore  
PO Box 2027944  
Twizel 7901

**Phone:** 03 435 3220

**E-mail:** [glenys.kevin@actrix.co.nz](mailto:glenys.kevin@actrix.co.nz)

**Web:** [www.berwickoutdoorexperience.co.nz](http://www.berwickoutdoorexperience.co.nz)