

Participant information

*Please email or fax to your Arbury Park Camp Coordinator by the Wednesday one week prior to your camp.*

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| **School/Site** |  |  | **Camp dates** |  |
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| **Student year levels and numbers**eg Year 3 (21), Year 4 (25), Year 5 (22) |  |
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| **Adult names and days attending**  For WHS reasons we require full names please. |
| Teacher-in-charge ..…………………………………………….……………..………………………….…….……………….………………………………….…………………………………………….… |
| Teachers ..…………………………………………….……………..………………………….…….……………….………………………………….…………………………………………….… ..…………………………………………….……………..………………………….…….……………….………………………………….…………………………………………….… ..…………………………………………….……………..………………………….…….……………….………………………………….…………………………………………….… .…………………………………………….……………..………………………….…….……………….………………………………….…………………………………………….… |
| Other staff ..…………………………………………….……………..………………………….…….……………….………………………………….…………………………………………….… ..…………………………………………….……………..………………………….…….……………….………………………………….…………………………………………….… |
| Parents / Others ..…………………………………………….……………..………………………….…….……………….………………………………….…………………………………………….… ..…………………………………………….……………..………………………….…….……………….………………………………….…………………………………………….… |
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| **Serious medical conditions and special needs** Please provide names of students with special needs that would be helpful for us to know about eg *Irene* *Lekic (severe anaphylactic reaction to bees), Tyson Lagana (wheelchair), Jason Lu (ASD)* |
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| **Visitor names, dates and times** To be negotiated with your Arbury Park Camp Coordinator |
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Arbury Park Road, Bridgewater SA 5155

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