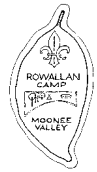


# **CAMPER REGISTER**

This form, or a form containing the same information, **MUST** be completed and handed to the Ranger on **ARRIVAL** at the Campsite. The form will be used in event of an emergency to ensure all participants are accounted for. This is a Health Department and Police Regulation.



Privacy Act: Rowallan Recreation & Adventure Camp gives assurance that any personal information including medical details gathered by the campsite will remain confidential and will only be used for the purposes for which it was collected.

Name of group: .....

Date & time of Arrival: ..... Date & time of Departure: .....

Campsite (please tick):  Headquarters Camp  Forest Camp

<b><u>NAME ADDRESS &amp; TELEPHONE NUMBER - PERSON IN CHARGE</u></b>	
Name:	.....
Address:	..... .....
Telephone: (BH)	..... (AH) .....

Name of all adults and participants	Name of all adults and participants
1	14
2	15
3	16
4	17
5	18
6	19
7	20
8	21
9	22
10	23
11	24
12	25
13	26

Name of all adults and participants	Name of all adults and participants
27	51
28	52
29	53
30	54
31	55
32	56
33	57
34	58
35	59
36	60
37	61
38	62
39	63
40	64
41	65
42	66
43	67
44	68
45	69
46	70
47	71
48	72
49	73
50	74