



Low Taekwon-Do Academy Halloween Camp 2010



VENUE: CLUB CAPRICORN RESORT
Two Rocks Road, Yanchep W.A.

DATE: 23rd /24th October
Sat / Sun 2010

Catch up with friends and meet new people in a fun setting. Members and their families who would like to attend can do so by filling in the form over page. **We have reserved only a limited number of chalets.** Club members will be given priority. Club Capricorn is located between the coastal settlements of Yanchep and Two Rocks, poised right on the Indian Ocean and only 45 minutes or 58 kilometres Northwest of Perth. Early return of forms with deposits is much appreciated as it helps in the planning of this fun annual event. **Full payment by October 1st 2010 and pay only \$90.00 / person.**

Chalets are self contained, with a kitchen and living room area. All cutlery and crockery are provided. **Please BRING:** linen, towels, washing detergent, tea towels, personal toiletry items, hat, sunscreen, water bottle, bathers (optional), a torch and DOBOK, of course.

REGISTRATION: Participants please arrive at camp on **Saturday 23rd October between 10:00 a.m. – 10:30 a.m.** in front of **Chalet number 5** for orientation and chalet allocation. Please note that following a light training session Lunch will be provided.

CONCLUSION: Camp ends on Sunday at 3:00 p.m. Parents/Guardians please re-confirm all pick up details prior to camp.

GET YOU APPLICATIONS IN FAST. There will be training as well as loads of fun sessions, games, activities and spot prizes!

Prepare for a great Halloween Trick or Treat!

If you have any questions see your Instructor or contact Senior Master Low on:
9294 1335 / 0412 617 335



LOW TAEKWON-DO HALLOWEEN CAMP

23rd / 24th Oct 2010

APPLICATION FORM



- \$ 105.00 / person (inc. accomodation, all meals, training, and games sessions)
- Return form & deposit by Sept 10th to confirm your booking: \$ 30.00 / person
- IF Full payment by October 1st 2010 your total cost only: \$ 90.00 / person

NAME: _____ RANK _____ AGE: _____ DOB: ___/___/___ M/F: ___

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NAME: _____ RANK _____ AGE: _____ DOB: ___/___/___ M/F: ___

CLUB: _____ INSTRUCTOR: _____

PARENTS /GUARDIANS NAMES: (Under 18's) _____



ADDRESS: _____

BEST CONTACT NUMBER: _____ EMERGENCY CONTACT: _____

Please provide details of any medical condition/injuries/special needs that organisers need to be aware of.

DO YOU REQUIRE TRANSPORT? _____ CAN YOU ASSIST WITH TRANSPORT? _____

For how many people? _____ For how many people? _____



(Cheques made payable to "Master Ming Low")

If you have any further enquiries, please see your instructor. Thank You.

INDEMNITY STATEMENT

I have read and understand the information regarding this camp. I/We willingly attend and/or I give consent for my child/children to attend. Where it is not practical to communicate with me, I authorise the Instructor in Charge to consent to my child receiving such medical treatment as may be considered necessary. I am aware that the Taekwon Do Insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.



PARTICIPANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE (Under 18) _____

DATE: ___/___/2010