

PERSONAL DETAILS

Surname: _____ Christian Name: _____

Address: _____

_____ Postcode: _____

Phone: _____ Cell: _____

Email: _____

Age: _____ DOB: ____/____/____

GB Company / IFG Unit: _____

GB / IFG Area: _____

MEDICAL DETAILS

Person to contact in an emergency: _____ Relationship: _____

Phone: _____ Doctor's name: _____

Doctor's phone: _____ Doctor's fax: _____

Community Services Card number (if applicable): _____

Last tetanus injection: _____

Do you suffer from any illness, condition, allergy, disability that the organisers should know about? If yes, please specify (including any medication you may be taking) _____

In the event I cannot be reached in an emergency I give my permission to secure proper treatment for my child as deemed necessary (medical, surgical or anesthetic which may be needed/determined by the appropriate medical practitioner or hospital authority) and agree that I will pay any costs incurred (including ambulance or other transport as required). I also authorise the camp leadership to administer medical aid as required for illness or injury.

Parent / Caregiver signature: _____



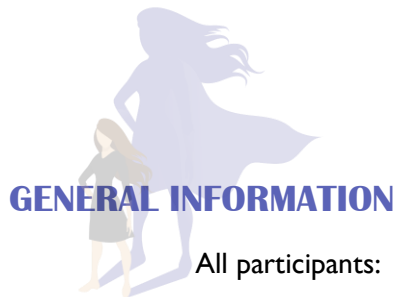
FACING GIANTS
FONOMARAE 2024

INTERNATIONAL REGISTRATION FORM (Girl)

7-13th January 2024

NEW ZEALAND

Waikanae | Kapiti Coast



GENERAL INFORMATION

All participants:

Must be 14 years or older as at
1 Jan 2024

Have the approval of
parent/caregiver, Captain and
Area Co-Ordinator

Will be accommodated in groups
with their own company/area

Will receive a gear list on
confirmation of registration

All payments are to be made to your
GB and forwarded onto your
Fonomarae Coordinator.

The registration fee for FACING
GIANTS FONOMARAE 2024 is
\$975NZD (inc GST) and is due:

14 Apr 23 \$300

-non-refundable deposit to
accompany this registration form

28 Jul 23 \$300

22 Sep 23 \$375+extras

FOOD REQUIREMENTS

Does the applicant have any special food requirements for medical / cultural reasons? Yes / No

If yes please specify: _____

CAMP SHIRT (Circle Size): 8 10 12 14 16 18 20 22 24 26 (Circle Style) Semi-Fitted Straight
Chest size in cms (right round body) 83-87 88-92 93-97 98-102 103-108 109-114 115-119 120-124 125-129 130-134

EXTRAS: T-shirt/s for \$20 Quantity and size: _____ Fonomarae souvenir keyring for \$10.00 ea Quantity: _____
(everyone will receive a souvenir thanks to our awesome sponsors so this is for additional keyrings)

ACTIVITY CHOICE Note your activity choice in order of preference. See attached note/activity choices. If you are interested in a half day activity, be sure to pick another half day activity. If you choose Cross Stitch, add in your experience level also:

BREAKOUT Activity 1 _____ Activity 2 _____ Activity 3 _____ Activity 4 _____

ADVENTURE Activity 1 _____ Activity 2 _____

SWIMMING CONFIDENCE (circle): Not very Confident Fairly Confident Confident Very Confident

PHOTOS I give permission for any photographs/videos taken of me during the event to be used (if required) for Girls' Brigade publicity purposes. Yes/No

To ensure that everyone has a great time at FACING GIANTS FONOMARAE 2024 there is a TOTAL PROHIBITION on any illicit drugs, cigarettes, party pills and alcohol. It is a condition of acceptance to FACING GIANTS FONOMARAE 2024 that you agree to be bound by this prohibition and in doing so accept that your property may be subject to examination where considered necessary.

I have read the rules and agree to obey them _____ applicant's signature

Parent/Caregiver approval _____ signature

Captain's approval _____ signature

Area Coordinator approval _____ signature

I confirm that the information given in this registration form is true and correct

Parent/Caregiver _____ signature

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CAPTAIN / FONOMARAE
COORDINATOR WITH A NON-REFUNDABLE DEPOSIT OF \$300NZD BY **14 APR 2023**