



# The Thalassaemia Society of NSW Inc.

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## 2010 Galston Gorge Camp Registration Form

First Name: ..... Surname: .....

Address:.....

Phone: .....

Please list all people attending the camp: (please photocopy form if you are registering more than 5 people)

Name:..... M/F Age: ..... Patient: Y/N (if so) Hospital: .....

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Special Dietary Requirements: .....

### Prices:

|                                      |          |
|--------------------------------------|----------|
| Non-Patients 12 yrs & up             | \$130.00 |
| Non-Patients children 5 yrs – 11 yrs | \$105.00 |
| Non-patients children 4yrs and under | \$ FREE  |
| Patients of N.S.W                    | \$ FREE  |

Total Amount Payable: \$.....

My cheque/money order is enclosed made payable to The Thalassaemia Society of NSW Inc.

Please charge my credit card:

Master Card

Visa

Credit Card Number: .....

Name on Card: .....

Expiry Date: .....

Card holder's signature: ..... Date: .....

**Full payment and registration form is due by the 29<sup>th</sup> October 2010.**

Upon receipt of this registration form and payment we will contact you to confirm your booking.