



Please indicate which camp you are able to attend and also the position that you would like to hold. Please be aware that due to numbers we may not need you for each camp that you have nominated. I will be in touch before camp to confirm.

NAME: _____

I am unable to attend

JELLY BEANS, 0 – 8 years

- | | |
|--|---|
| <input type="checkbox"/> 23 rd to 25 th February | <input type="checkbox"/> Activity Assistant |
| | <input type="checkbox"/> Diabetes Educator |
| <input type="checkbox"/> 27 th to 29 th July | <input type="checkbox"/> Activity Assistant |
| | <input type="checkbox"/> Diabetes Educator |

SLEEP OVER, 9 – 12 years

- | | |
|---|--|
| <input type="checkbox"/> 20 th to 22 nd April | <input type="checkbox"/> Hut Supervisor |
| | <input type="checkbox"/> Activity Staff |
| | <input type="checkbox"/> Art Assistant |
| | <input type="checkbox"/> Diabetes Educator |

YOUNG GUNS, 13 – 18 years

- | | |
|---|--|
| <input type="checkbox"/> 15 th to 17 th June | <input type="checkbox"/> Activity Staff |
| | <input type="checkbox"/> Diabetes Educator |
| <input type="checkbox"/> 9 th to 11 th November | <input type="checkbox"/> Activity Staff |
| | <input type="checkbox"/> Diabetes Educator |

WEEK LONG, 9 – 12 years

- | | |
|---|--|
| <input type="checkbox"/> 23 rd to 28 th September | <input type="checkbox"/> Diabetes Educator |
| | <input type="checkbox"/> Hut Supervisor |
| | <input type="checkbox"/> Activity Staff |
| | <input type="checkbox"/> Art Assistant |