**Haemophilia Foundation New South Wales Inc.**

**ABN: 602 454 70729**

**Member of Haemophilia Foundation Australia Patron: Prof. Kevin A. Rickard AM RFD**

# FAMILY CAMP 2020 Application Form

**Friday 20 - Sunday 22 NOVEMBER 2020**

## FAMILY MEMBERS AGE OF CHILDREN

**ADDRESS**:

## Email: CONTACT PHONE NO:

**ACCOMMODATION (TICK ONE ONLY)**

FRIDAY NIGHT ONLY ANY SPECIAL ACCOMMODATION REQUIREMENTS

FRIDAY AND SATURDAY NIGHT

SATURDAY NIGHT ONLY

DAY STAY ONLY (SATURDAY)

## MEALS – PLEASE INDICATE HOW MANY ADULTS & CHILDREN FOR EACH MEAL (CHILD – UNDER 16YO)

 A C DINNER FRIDAY A C BREAKFAST SATURDAY A C LUNCH SATURDAY

 A C DINNER SATURDAY A C BREAKFAST SUNDAY A C LUNCH SUNDAY ANY SPECIAL DIETARY REQUIREMENTS OR ALLERGIES:

*Dinner on Friday is served between 6 -7pm. Lunch on Sunday is served after 12.00pm*

## Please complete and return by Friday 25th September 2020 to:

Email (preferred): admin@hfnsw.org.au

Mail: HFNSW, PO Box 631, Broadway NSW 2007

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