

Camp Mallana Trust

Application for use of Camp

Name of organisation			
Contact person			
Telephone			
Mobile			
Email (please print)			
Address Line 1			
Address Line 2			
Suburb		Postcode	
Postal address if different			
Address Line 1			
Address Line 2			
Suburb		Postcode	
Person who will be in charge of camp			
Telephone			
Mobile			
Email (please print)			
About your organisation (Max 100 words. Please do not include any additional material with your application as it will not be considered)			

Proposed length of camp (Minimum recommended 4 days)	1 day
Preferred dates, in range (if any as dd/mm/yyyy)	to
Anticipated number of participants	
Anticipated number of leaders	
Age range of participants	to
Background of participants (Max 200 words)	
<div></div>	
I have attached copies of the following documents to my application: <input type="checkbox"/> Public liability insurance <input type="checkbox"/> Proposed program outline and its objectives	