



# ARDMORE 2019 STAMP CAMP (NATIONAL YOUTH STAMP CAMP)

No 4 SQN ATC Headquarters  
Dauntless Lane, Ardmore Airfield, Papakura



## Sun 7<sup>th</sup> July to Sat 13<sup>th</sup> July 2019

### REGISTRATION FORM

NAME:		DATE OF BIRTH:	
			MALE / FEMALE (circle)

ADDRESS:	
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HOME PHONE No. Please include area code		ALTERNATIVE PHONE No.	
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STAMP COLLECTING INTERESTS: (e.g. New Zealand, Animals, Flowers etc)	
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If you have any previous exhibits what are they and how many pages do they have currently?

Topic 1		Pages		Topic 2		Pages	
Topic 3		Pages		Topic 4		Pages	

What do you hope to learn and /or achieve during this stamp camp?	
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ARE YOU A MEMBER OF A STAMP CLUB?	YES, (Name of club)	NO
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The cost of the Camp is \$275 per person. A deposit of \$100 is required with this registration to secure your place. If paid before 31<sup>st</sup> May 2019 the total camp price will be reduced to \$250 per person. All deposits will be receipted and posted back to the address shown on the registration form (or if you prefer scanned and e-mailed to you, and the original held until camp). The balance of the camp fee is payable by cash or cheque on arrival at camp.

This form can be filled out on your computer and e-mailed back to: [tim.beach@vodafone.co.nz](mailto:tim.beach@vodafone.co.nz) . Any registration enquiries please call Tim beach on 027 801 1063 or Barbara Streeter on 09 299 5993. Please return your registration form by 28<sup>th</sup> June 2019. Thank you.

Please make cheques payable to: [The Philatelic Youth Council of NZ Inc](#), and post to: **Stamp Camp 2019, P.O. Box 2979, Auckland**. Or by internet banking to: [The Philatelic Youth Council of NZ Inc](#). Bank **02**, Branch **0466**, Account **0187604**, Suffix **02**. Please put the camper's full name in the particulars and reference fields for easy identification.

## MEDICAL INFORMATION

Date of last Tetanus injection?		OR NONE <small>(if you have never had one)</small>	
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DO YOU HAVE ANY ALLERGIES?	NO	Yes
If yes, please detail clearly:		

DO YOU HAVE ANY MEDICAL CONDITIONS?	NO	Yes
If yes, please detail clearly:		

DO YOU HAVE MEDICATIONS?	NO	Yes
If yes, please detail clearly:		

ANY SPECIFIC DIETARY REQUIREMENTS?	NO	Yes
<i><u>We will ask you for more complete dietary and medical information once your registration is processed.</u></i>		

CAMPERS SIGNATURE:	
Name of parent / guardian:	
Parent / guardian signature:	
Parent / guardian contact number (In case of emergency)	
Parent / guardian e-mail (for remaining registration forms)	