Log Cabin Camp HOMESTEAD
CAMPER LIST (USER INFORMATION REGISTER)

(Privacy Act: Log Cabin Camp gives assurance that any personal information including medical details gathered by the campsite, or provided by the group leader, will remain confidential and only used for the purposes for which it was collected.)

To be filled in by the Group Leader and emailed 3 days before camp. Please confirm or adjust on **arrival** with Log Cabin Camp staff who will store it with the groups booking records. The information is required to satisfy the Australian Campsite Accreditation Program, local health authority, campsite insurance and emergency procedures.

Please update and include any day visitors during your stay.

Group: _____

Group Leader: _____

Date of Camp: **In:** **Out:**

Number of (student) campers: **Number of leaders:** **Total:**

Please list full name (first and last names) of each camper and teacher/leader
Include room number (L1, L2, R1, R2, R3, B1, B2, THC) or D for day visitor

	Full name	Room
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CAMPER LIST (continued)

Group: _____

	Full name	Room
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