

EXPRESSION OF INTEREST

Name of Camper:

Age: Gender: School:

Child's Disability:

Has your child attended the Launceston Grammar Sony Foundation Children's Holiday Camp before? **YES / NO**

If yes, in which year?

Reasons For Applying

Your Contact Details

Name:

Address:

Mobile:

Email:

HOSTED BY:

OUR PRINCIPAL PARTNER:

CONTACT US:



Launceston Church
Grammar School



Launceston Grammar Sony Foundation
Children's Holiday Camp
PO Box 136, Mowbray Heights 7248
Email: sonycamp@lcgs.tas.edu.au