



Australian Campdraft Association Inc.

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ACA Medical Services Provider Confirmation Form

Organisation Name _____ confirms that our organisation meets the
ACA's minimum requirements as set out in the *Provision of First Aid, Ambulance and Medical Services at Australian Campdraft Association Inc. Events* document.

We will be attending _____
Campdraft Name _____, on _____
Dates _____.

We have read and understood the *Provision of First Aid, Ambulance and Medical Services at Australian Campdraft Association Inc. Events* document.

Signed: _____

Name: _____ Position: _____

Company: _____ Date: _____

Gold Sponsors:

