Photo credit: Virginia Bear

1ST - 3RD MAY 2020 REGENT HONEYEATER TREE PLANTING WEEKEND, CAPERTEE VALLEY

Join us for another lovely weekend in the beautiful Capertee Valley, near Lithgow, planting habitat for the critically endangered Regent Honeyeater and other woodland species.

Friday 1 May 2020	Saturday 2 May 2020	Sunday 3 May 2020
Optional – help lay out plants and guards	From 8am: Main tree planting event 7pm: Community dinner	Possible bird watching trip (to be advised)

Costs for the community dinner and other details are on the registration form. If you would like to come, please fill in the attached registration form and send it to Wendy Fox at southernnsw@birdlife.org.au

birdlife SOUTHERN NSW

This project is supported by the Central Tablelands Local Land Services with funding from the Australian Government

NSW GOVERNMENT Local Land Services

Australian Government

CAPERTEE VALLEY, NEAR LITHGOW

TREE PLANTING ON SATURDAY 2ND MAY 2020.
HELP ALSO NEEDED TO LAY OUT PLANTS AND GUARDS ON FRIDAY 1ST MAY.

JOIN US ON SATURDAY 2ND MAY FOR A COMMUNITY DINNER FUNDRAISER

ORGANISE YOUR OWN ACCOMMODATION – THERE ARE OPTIONS IN THE VALLEY FROM COTTAGES, B&B TO CAMPING (SEE LIST ATTACHED)

PLANTING PROPERTY: "JUNJIRA", ON RYLSTONE ROAD

BIRDLIFE SOUTHERN NSW
Registration form attached
enquiries: contact
Wendy Fox on:

southernnsw@birdlife.org.au

Ph 9647 1033

Fax: 9647 2030

REGISTRATION FORM FOR CAPERTEE TREE PLANTING WEEKEND 1ST TO 3RD MAY 2020

Your Details

Name(s):
Address:

Telephone: Home:
Mobile:
E-mail:

Can you help lay out plants on Friday 1st May?

☐ Yes, I can help lay out plants on the Friday

Transport

☐ Yes, I need a lift from: *(please fill in)*

☐ Yes, I can provide transport from: *(please fill in)*

Community Dinner (Saturday night – 2nd May)

$30 adult; $15 children 12-17 years, $10 children 5-12 years; Free for children under 5.

☐ Yes ☐ No
☐ Vegetarian ☐ Other dietary requirements?

Payment for dinner

Total Amount: $.....

☐ **Direct Deposit (PREFERRED): For direct deposits please quote your NAME in the "payee information" text box. Please verify the account details, as it may not be possible to reverse a payment into an incorrect account.**

- **Bank**: National Australia Bank
- **Account name:** Birdlife Australia Ltd Southern New South Wales
- **BSB:** 083 166
- **Account No.:** 127571425

☐ Cheque attached (payable to *BirdLife Australia Regent Honeyeater* **or**

☐ Please debit my Mastercard /Visa card (No Amex or Diners)

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiry date: _ _ / _ _

CSV number/3 digits on back of card: _ _ _

Cardholder Name: _

Signature: _

☐ I require a receipt

Accommodation

Please note that, regretfully, we will no longer be offering accommodation at planting weekends as it has become too difficult and too costly to continue to do so. If you wish to arrange accommodation in the valley this year, we can, however, assist you with information on possible options and contact details.

Conditions of Participation

☐ **I have read and accept the Conditions of participation (PTO for details).**

Signature.....

If completing online, check box, otherwise sign and mail back.

**See next page for health and safety information*

Please return Form to:

Please complete and return with payment to:
E-mail:
southernnsw@birdlife.org.au

OR by post or fax to: **Wendy Fox**
Discovery Centre, Newington Armory
Building 133, 1 Jamieson Street Sydney
Olympic Park NSW 2127
Enquiries: 9647 1033 Fax: 02 9647 2030

Emergency contact person

Name:

Relationship:

Telephone: Home:

Work:

Mobile:

Email:

Medical Conditions?

Do you have any medical conditions, allergies, disabilities or past injuries that may affect your participation?

☐ Yes ☐ No

If yes – please discuss with project officer or leader and complete the following questions.

Details of medical conditions, allergies, disabilities or past injuries that may affect your participation.

Please provide details of the condition and describe any special care or medication required:

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Medical practitioner (if required)

Name: .....

Telephone:.....

Signature of Participant(s) or Guardian:

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Conditions of Participation

I agree to comply with the following terms that refer to my participation in the project:

1. I have notified the project officer/leader of any relevant medical conditions and pre-existing injuries and I consent to them rendering or authorising such medical treatment as necessary and I accept responsibility for all associated expenses.
2. I understand the risks of the activity to which I have signed up and agree to abide by all health and safety instructions given to me prior to commencing work on the activity.
3. I am a volunteer and not an employee of BirdLife Australia.
4. I shall respect the rights, feelings and property of all others associated with the project.
5. I shall cooperate with the project officer/leader to ensure a safe, happy and hygienic team environment.
6. My placement on the project is at the discretion of the project officer/leader.
7. Photographs or videos taken of me on the project may be used by BirdLife Australia for promotional purposes.

Sign Here

I understand that failure to comply with any of these conditions may result in the project officer/leader requesting me to leave.

☐ **If completing online, check box, otherwise sign and mail back**

Signature:……

……

DATE __ /__ /__

Other notes or questions

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