

# the Spirit of Rangatahi

Porirua East - Waitangirua  
10-20 April 2012

Ages 11-17

## Learn more about Pacific Cultures

### Free Food

### LOL

### Your Your

### Community

**April School Holidays (Ages 11-17)**

Tuesday 10 to Friday 20 April 2011

9am - 4pm

### Island Beat! (ages 11-17)

Have fun and learn more about Fijian, Samoan, Tongan, Cook Island, Niuean and Tokelau cultures in your community thru a gr8 combination of art, dance, and music from each of these wonderful Island cultures. Pride of the Pacific in Porirua.

### Activities

### FUN!

### Games

### Bee Creative

### All Free

Costs: it is **free** if you are registered with parent/guardian signature (includes the many activities and meals). PLEASE Register early!

More information and registration email: SpiritOfRangatahi@ihug.co.nz or phone/txt: 0274 853 128, or post registration form PO Box 12648, Wellington





**10-20 April, week days 9am-4pm**  
Congregational Christian Church of Samoa (Hall)  
2 Louisa Grove (Waihemo)  
**Waitangirua, Porirua East**

## Registration Form

### Participant details

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

female

School \_\_\_\_\_ Year \_\_\_\_\_

male

Have you been part of a Spirit of Rangatahi programme before:      yes      no

Ethnic / Cultural Background (country of yours or parents origin): \_\_\_\_\_

### Parent / Guardian's Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Guardian's Email \_\_\_\_\_ Cellphone \_\_\_\_\_

**Yes,** I consent to my child/ren attending the programme of the Spirit of Rangatahi and understand that they will exercise all reasonable steps to ensure the health and safety of my child/ren while on the programme. I will take full responsibility for their transport to and from the programme. Yes, the organisers can have my child/ren's cell number for the purposes of the programme. The following is the relevant information regarding dietary and/or medical issues for my child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail:** Island Beat Spirit Of Rangatahi,  
PO Box 12648, Wellington  
SpiritOfRangatahi@ihug.co.nz or  
Phone/txt: 0274 853 128

*Break-Away*  
School Holiday Programmes

