



INC IA16209 ABN 79 843 001 913
CHARITY NO. 1327 DGR 900/495785

TEENAGE ADVENTURE CAMPS – QUEENSLAND

PO BOX 2910, BURLEIGH WATERS 4220

A NON-PROFIT, ALL VOLUNTEER ORGANISATION PROVIDING
ADVENTURE CAMPS FOR TEENAGERS WITH LIFE-
THREATENING AILMENTS

FROM: Michelle Penfold/Andre Luca

TEL/FAX: 07 55936160



FREE CHRISTMAS WILDLIFE ADVENTURE – FLEAYS WILDLIFE PARK – ALL AGES WELCOME



It's that time of year again! Teenage Adventure Camps Qld is holding our annual outing for **the local special needs and disadvantaged children and their families.**

This year's outing will be held on Saturday, 15th December at Fleay's Wildlife Park.

The aim is to give these children and families a wonderful Christmas outing. Tickets have been sponsored by the local business community & the outing is completely free for those attending. Those invited will have the opportunity to see all of the shows the Wildlife Park has to offer such as:

- Nocturnal House – sneak a peek at some of Australia's rarest nocturnal animals
- Creatures of the night show – discover the mysteries of the animals of the night – gliders, possums & owls.
- Wallaby Walk – meet some of Australia's iconic animals as Park rangers feed the wallabies & emus
- Fleay's in Flight Show
- Crocodile feeding
- Cassowary Quest Presentation
- Creature feature presentation – experience some of Australia's native wildlife up close.

There will also be a free sausage sizzle & drink provided on the day.

Would you like some of the free tickets once again for your special needs & disadvantaged children/families/clients to come along? If so, please fill out the attached order form and return by Friday 23rd November to our fax – 55936160 or email tac-qld@bigpond.com (preferred).

If you have any queries, please do not hesitate to contact me.

Kind regards



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Ticket Order Form – Please return by Friday 23rd November

EMAIL TO tac-qld@bigpond.com OR FAX TO 5593 6160

NUMBER OF TICKETS REQUIRED:

_____ Tickets – Saturday 15th December

WHERE TICKETS SHOULD BE POSTED:

CONTACT NAME: _____

ORG NAME: _____

POSTAL ADDRESS: _____

PHONE NO: _____

EMAIL ADDRESS: _____