registration form

please print clearly or type details on another sheet

Name 1: ……

Name 2: ……

Name 3: ……

Name 4: ……

Please use a separate sheet for extra names

Address: ……

……

Postcode: ……

Email: ……

Telephone: ……

Payment: $50 pp ($65 if paying after 6/2/10).

[ ] Cheque [ ] Visa [ ] MasterCard

Name on Card: ……

[ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]

[ ][ ][ ][ ] Expiry Date: ___ / ___

Name on card: _____

Signature: _____

Post with payment to:
Kidsreach PO Box 265 North Richmond NSW 2754
Or email the same details to: kidsreach@bigpond.com
Fax 02 45711789

We will not pass your details to any other organisation. We would like to inform you of other coming events. If you do not wish to receive any further communication from us, please tick this box [ ]