

REGISTRATION

Fill in and return to:

The Registrar
Summer School 2010
PO Box 403
BLACKWOOD SA 5051

You may also register by fax, email or phone



See brochure for contact details

TITLE	FIRST NAME	LAST NAME	M/F	18-30	31-55	56+	PENSIONER OR TERTIARY STUDENT	RESIDENTIAL YES / NO
CHILD 1				Date of birth	__/__/__		School year 2010 <input type="checkbox"/>	
CHILD 2				Date of birth	__/__/__		School year 2010 <input type="checkbox"/>	
CHILD 3				Date of birth	__/__/__		School year 2010 <input type="checkbox"/>	
CHILD 4				Date of birth	__/__/__		School year 2010 <input type="checkbox"/>	

SPECIAL NEEDS (Dietary, accommodation, children's needs etc.)

CONTACT AND PAYMENT DETAILS

NAME _____

ADDRESS _____ P/CODE _____

PHONE _____ MOBILE _____

EMAIL _____

Payments Details	\$ Total
1. REGISTRATION	
2. ACCOMMODATION & MEALS	
SUMMER SCHOOL TOTAL	

Payment Options

Cheque or Money Order

(Payable to New Creation Teaching Ministry)

Electronic transfer to:

New Creation Teaching Ministry

BSB 065-132

A/c no. 0090-2113

Write: SS and your name

(Please let us know that you have done this.)