

AFTK 2018 SYDNEY SEMINAR

Sunday 24 June at Lane Cove Bowls Club
151, Burns Bay Road, Lane Cove 2066

REGISTRANT DETAILS

Surname: Click or tap here to enter text. _____ First Name: Click or tap here to enter text. _____

Phone: Click or tap here to enter text. _____ Mobile: Click or tap here to enter text. _____

Email: Click or tap here to enter text. _____

Is your club an AFTK Member: Yes No:

Organisation: Click or tap here to enter text. _____

Instructor: Click or tap here to enter text. _____

Age: Click to enter text. Years Training: Click to enter text. Grade: Click to enter.

PAYMENT DETAILS

Payment and registration can be made at the door OR via direct deposit (Details shown below)

PLEASE ADVISE SECRETARY/TREASURER OF EXPECTED NUMBERS ANY SPECIAL DIETARY REQUIREMENTS PRIOR TO 18 JUNE FOR CATERING PURPOSES.

	<u>Early Bird(before 18 June)</u> <input checked="" type="checkbox"/>	<u>After 18 June or on the day</u> <input type="checkbox"/>
<u>AFTK Member:</u>	\$30 <input type="checkbox"/>	\$50 <input type="checkbox"/>
<u>Non – Member:</u>	\$40 <input type="checkbox"/>	\$60 <input type="checkbox"/>

Direct deposit (preferred) to:

AFTK Inc.
BSB 034 – 605
Account No. 15 – 9220
(Please attach copy of Receipt)

Cheque payable to AFTK Inc.

The Secretary, AFTK Inc.
35 Pulgul Street
Urangan QLD 4655

Notes:

1. Cost includes access to all events plus lunch and light refreshments
2. Refunds cannot be made on cancellation of registration
3. Personal information supplied on this form will only be used for planning the event.

Signed: _____

Dated: _____

(or by parent or guardian if under 18 years)

Disclaimer:

1. I, the above signed in consideration of, and a condition of acceptance of my registration in the above event for myself, my heirs, executors and administrators, hereby waive all and any claims, fight of cause or action, which I or they might otherwise have arisen out of any loss of life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent upon my attendance in the said event. I, the undersigned am fit and healthy to partake in the event and I have no serious medical condition.
2. This waiver, release and discharge shall be and operates separately in favour of all persons, corporations, and bodies involved or otherwise engaged in promoting or staging the event.
3. I declare that all the information given on this form is correct.