

SCHOOL AND COMMUNITY REGISTRATION FORM

Organisation Name	
Class Descriptor	
Contact Person	
Business Address	
Postal Address	
Telephone	
Email	

Number in Group: Males Females

Aboriginal Torres Strait Islander

Non English Speaking Background:

Do any participants suffer from a disability or Medical Condition of which we need to be aware?

Please specify numbers and give details below if required

Privacy Consent: YES / NO (please circle)

Consent is given to the Conservatorium to use still, video and audio recordings for publicity and archival purposes.

Year: Term:

Please circle the weeks when lessons are NOT to be delivered:

GRC teaching weeks: 1 2 3 4 5 6 7 8 9 10 11

Signed for and on behalf of (Name of Organisation): _____

SIGNATURE: _____

Date: _____

Please print your name and position: _____