

Participant Name: _____

Postal Address: _____

Suburb: _____

State: _____ Post Code: _____

Participant Email: _____

Phone (Home) (____) _____

Participant Mobile: _____

Parent/Guardian

Name: _____

Emergency Contact No.s /name _____

Disclaimer (parent/legal guardian)

I _____ give permission for my son/daughter to participate in the **Teenz Connection** activity. I acknowledge that participation of the child in the program comes with risks and potential hazard. I therefore release AFC Inc and their officers, directors, volunteers, employees and sponsors of any liability resulting from injury or death during the program and related activities.

Signed: _____ Date: _____

PARTICIPANTS:

NAME	Age	Country of Origin	\$ Fee
<i>Anton Example</i>	<i>15</i>	<i>Chile</i>	<i>20.00</i>
<i>Total</i>			

Method of Payment: *Please tick*

- Cash on the day**
- Cheque enclosed** (Make cheques payable to: Australian Families for Children Inc.)
- Credit Card** (Visa or Mastercard only)

Card No:

Name on Card: _____

Expiry Date: ____/____ Amount: \$____.____

Signed: _____

- Direct Deposit To:** Westpac Rose Bay
BSB 032 058 Account Number: 19 1977
Account Name: Australian Families for Children Inc

Australian Families for Children Inc.
 P.O Box 7420
 Bondi Beach NSW 2026
 Ph: (02) 9314 2072
 Fax: 93142074
Contact: Adam Brisson
 0411 421007
adam@australiansadopt.org



Australian families for Children