

CWCI Gippsland Convention

REGISTRATION FORM

(To fill in this form just type in the spaces and click on the boxes to check them 😊)

Mrs Miss Ms

Name:-

Address:-

Town:-

Postcode:-

Phone:-

Email:-

Age:- under 21 21-30 31-40 41-55 over 55 Other 😊

I wish to room with:-

Are you able to sleep on the top bunk? Yes No

If No – are you prepared to sleep on a trundle bed? Yes No

Do you have any special needs? Yes No

ie Mobility / Vision etc... Please specify...

Do you require assistance? Yes No

First time at convention? Yes No

Special dietary requirements? Yes No

Please specify...

Payment Type:- Cheque / Money Order (posted)

Online / Electronic Receipt number:-