



Group Registration Form (10 or more)

Group Leaders name: _____

Address: _____ Postcode: _____

Email: _____ Contact Phone No.: _____

Church: _____

People in Group – please fill out details on reverse side

Payment details

Cash or Cheque payment

Please debit my credit card (details below)

Name on Card: _____ Expiry Date _____

Card No. ____ / ____ / ____ / ____

VISA or MASTERCARD (circle one)

Please send me an invoice (note that registration is not confirmed until payment is received)

Send invoice to address above

Send invoice to this address _____ Postcode _____

Please return both sides of this form to;

- Peter Gillard, 185 Frederick Road, Seaton, SA, 5023, or
- Scan and email to peterg@familycentre.org.au

Group member details

Name	Main Conference Registration \$300	Wildhearts Youth Registration \$150	KIDZ ABLAZE Conference Registration		
			First child in family \$80	2 nd child in family \$55	3 rd and subsequent child \$30
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Number of Individual Registrations					
Cost per Full registration	@ \$300	@ \$150	@ \$80	@ \$55	@ \$30
Total cost per column (add together for total cost below)	\$	\$	\$	\$	\$

Total Cost (add all total columns) \$ _____

10% Discount (minus) \$ _____

Final Cost \$ _____