

Registration Form for the Joondalup Community
 WOMEN'S Healthworks Choir

INTERNATIONAL WOMEN'S DAY 2010

Name _____

Address _____

_____ Postcode

Telephone _____

Mobile _____

Email _____

Crèche requirements: Yes No

Number of Children _____

Child/ren's name/s _____ Age: _____

_____ Age: _____

_____ Age: _____

Yes I will be attending the entire event (9.30am - 2.00pm)

I am interested in attending but I can only attend between _____ and _____

Do you play a musical instrument and would like to bring it along on the day? Yes No

Please state the type of instrument: _____

Please tick your age group

Age: 18 - 30 31 - 40 41 - 50 51 - 60 61 - 70 71 & over

Do you identify as Aboriginal or Torres Strait Islander? Yes No

Please state what nationality/background/culture you identify with:

Do you have any special needs/requirements ? Please list
