



# Registration Form 2010

Please complete ALL sections of the form and PRINT CLEARLY.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Bean Sprouts     Buds     String Beans     Harvest Ensemble     Fremantle Children's Choir

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Family/Parents email: \_\_\_\_\_

Year at school in 2010: \_\_\_\_\_

Date of birth: \_\_\_\_\_

School: \_\_\_\_\_

Instrument (if applicable): \_\_\_\_\_

I have been learning for \_\_\_\_\_ years

Name of instrumental teacher (if applicable): \_\_\_\_\_

Parent/s Names: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special conditions: \_\_\_\_\_

NoFCAD relies on parent support to ensure our activities can happen smoothly and efficiently for your children and to keep our costs to a minimum. If you are able to assist with occasional voluntary activities it would be greatly appreciated. Please tick the box to indicate activities you may be able to assist with:

Roadies (transport of music stands/keyboard/other gear)

Catering/Bake a cake (for concerts or workshops)

Front of House at Concerts (ticket selling)

Fundraising assistance/co-ordination

**PLEASE RETURN THIS FORM TO NOFCAD OFFICE OR PO BOX 46, NORTH FREMANTLE WA 6959**