

KAMPMEETING 2009 REGISTRATION FORM

Fields marked with a "" are required.*

* Name: _____

Attending Partner's Name: _____

* Mailing Address: _____

* City: _____

* State / Province: _____ * Postal Code: _____

* Country: _____

* Phone: _____ * Mobile: _____

* E-mail Address: _____

Please indicate your attendance:

Friday _____ Saturday _____ Sunday _____

Please indicate your required accommodation:

Friday _____ Saturday _____ Shared _____

Money needs to be paid by Cheque/Postal order, made out to N Thorpe.
We need to know for catering purposes by the 31st of August.

Please send registration form to;

SDA Kinship Australia

PO Box 8097

Maroochydore DC QLD 4558

Ph 61+7)33211101