

## KAMPMEETING 2010 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**