

ASTRONOMY COURSE 2018

REGISTRATION FORM – PLEASE BRING WITH YOU ON THE FIRST NIGHT

(BLOCK LETTERS PLEASE)

SURNAME:

FIRST PREFERRED NAME(S):

(Include other Family participants' NAMES (& AGES, if under 18), HERE.)

RESIDENTIAL ADDRESS:

POSTAL ADDRESS: (If different to above.)

Email ADDRESS: (Optional, so we can send you information like our magazine over the next year).

CONTACT PHONE No: (HOME) _____ (OTHER) _____

FEES – FULL COURSE

ADULT..... \$80.00
STUDENT (Full time - 9 Years & over) ... \$40.00
CONCESSION \$60.00
FAMILY \$150.00
MEMBER (Financial 1 year) \$20.00

BOOKINGS ESSENTIAL
CONTACT CAMERON ON
9795 8204

FIRST NIGHT ONLY "TASTER"

ADULT..... \$30.00
STUDENT \$15.00

TOTAL: _____ .00

Please bring full payment on the first night. Cash, cheque or money order. NO EFTPOS.

WAIVER: Read carefully before signing.

I/We, the undersigned, in consideration of, and a condition of acceptance of, entry into this astronomy course conducted by the Astronomical Society of the South West (Inc.), for myself and my family, my heirs, executors and administrators, hereby waive all and any claim, right or cause of action, which I or they might otherwise have for, arising out of loss of my/our life or injury or loss of any description whatsoever, which I may suffer or sustain in the cause of, or consequent upon, my entry or participation in said course.

This waiver, release and discharge shall be, and operate separately, in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging the events and the servants, agents, representatives and officers of any of them and includes but is not limited to the Astronomical Society of the South West (Inc.). The course co-ordinators and sponsors shall so operate whether or not the loss, injury or damage is attributable to the act of neglect of any one or more of them.

SIGNED: _____ DATE: _____

(If under 18 years of age, Parent or Guardian to sign.)