

Registration Form

Agribusiness Degree Taster @ Muresk

ATTENTION: Daisy Franz

Email: Agribusiness@cyoc.wa.edu.au P.O. Box 1165, Northam WA 6401 Fax: 9622 1904

Student Name: _____

School: _____

Mobile: _____

Email: _____

Attendance (circle): 21st-22nd April 28th-29th April (10am Start)

Dietary Requirements: _____

Allergies/Medical Conditions: _____

Transport Arrangements (circle): 1) Drop off by Car

2) TransWA Train/Road Coach Arrival Time: _____

Declaration by Student

I, _____, accept the offer of a place at C.Y O'Connor Institute Agribusiness Degree Taster and understand that I will be required to adhere to campus rules and the instructions of staff of this program during my time at Muresk Institute. I acknowledge that photographic images may be taken during the program and consent to their use in publicity material that maybe produced for publication or broadcast in the news media.

Signed (Student): _____ Date: _____

Declaration by Parent/Guardian

I am the parent/guardian of the above student and approve of his/her participation in the C.Y O'Connor Institute Agribusiness Degree Taster. I understand the student will be required to adhere to the rules and instructions of the staff during the event and that C.Y O'Connor Institute staff will not be held responsible for any accidental injury or sickness or the consequences thereof, during the student's participation in the program. I further authorise the organisers of the Agribusiness Degree Taster (where it is impracticable to communicate with me) to consent to the student receiving such medical, surgical or other emergency treatment as may be deemed necessary and I accept the liability to pay the cost of any such treatment. I acknowledge that photographic images may be taken during the program and consent to their use in publicity material that maybe produced for publication or broadcast in the news media.

Signed (Parent/Guardian): _____

Print Name: _____

Date: _____

Emergency telephone contact (_____) _____



Scan to Register

P.T.O.

Payment Form

I understand that there is a \$40 contribution towards catering and accommodation. This contribution is forfeited if cancellation is made less than two weeks prior to the event.

Sign (parent/guardian) _____ Date: _____

Signed by (Please print name): _____

Payment can be made via *credit card, direct debit or cheque*:

Please make *cheques* payable to C.Y. O'Connor Institute

Direct Debit: Commonwealth Bank, BSB: 066040, Account Number: 19800283 Reference: Muresk (surname)

Credit Card Details

Credit Card Type: _____

Credit Card Number: _____

Expiration: _____

Name on Card: _____

CCV code: _____