**Group Registration Form**

**Please fill in details for each additional person in your group. The group leader should still register online & make payment for the group at** [**www.micahaustralia.org/vfj\_queensland**](http://www.micahaustralia.org/vfj_queensland)**.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group leader** | | | |
| First name: | Surname: | Email: | |
| **Additional Person #1** | | | |
| First name: | Surname: | Email: | |
| Address: | Town/Suburb: | State: | Postcode: |
| Electorate (if known): | DOB: | Mobile Phone: | |
| Level of Advocacy Experience: Beginner Intermediate Experienced  Agree to Terms & Conditions  (Please tick box) | | | |
| Any dietary or special requirements: | | | |
| **Additional Person #2** | | | |
| First name: | Surname: | Email: | |
| Address: | Town/Suburb: | State: | Postcode: |
| Electorate (if known): | DOB: | Mobile Phone: | |
| Level of Advocacy Experience: Beginner Intermediate Experienced  Agree to Terms & Conditions  (Please tick box) | | | |
| Any dietary or special requirements: | | | |
| **Additional Person #3** | | | |
| First name: | Surname: | Email: | |
| Address: | Town/Suburb: | State: | Postcode: |
| Electorate (if known): | DOB: | Mobile Phone: | |
| Level of Advocacy Experience: Beginner Intermediate Experienced  Agree to Terms & Conditions  (Please tick box) | | | |
| Any dietary or special requirements: | | | |
| **Additional Person #4** | | | |
| First name: | Surname: | Email: | |
| Address: | Town/Suburb: | State: | Postcode: |
| Electorate (if known): | DOB: | Mobile Phone: | |
| Level of Advocacy Experience: Beginner Intermediate Experienced  Agree to Terms & Conditions  (Please tick box) | | | |
| Any dietary or special requirements: | | | |
| **Additional Person #5** | | | |
| First name: | Surname: | Email: | |
| Address: | Town/Suburb: | State: | Postcode: |
| Electorate (if known): | DOB: | Mobile Phone: | |
| Level of Advocacy Experience: Beginner Intermediate Experienced  Agree to Terms & Conditions  (Please tick box) | | | |
| Any dietary or special requirements: | | | |
| **Additional Person #6** | | | |
| First name: | Surname: | Email: | |
| Address: | Town/Suburb: | State: | Postcode: |
| Electorate (if known): | DOB: | Mobile Phone: | |
| Level of Advocacy Experience: Beginner Intermediate Experienced  Agree to Terms & Conditions  (Please tick box) | | | |
| Any dietary or special requirements: | | | |

Once filled out, please email the Group Registration Form back to Micah Australia at [info@micahaustralia.org](mailto:info@micahaustralia.org) or post to Micah Australia, Suite 413/410 Elizabeth Street, Surry Hills NSW 2010 **before 16 October. Email us or phone** (02) 8317 5080 for further enquiries.