**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)**.**

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| **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 [ ] ExperiencedAgree 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 [ ] ExperiencedAgree 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 [ ] ExperiencedAgree 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 [ ] ExperiencedAgree 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 [ ] ExperiencedAgree 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 [ ] ExperiencedAgree 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 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.