

anza Event Registration

Please send me tickets for the (name of event) _____

Member's name _____

ANZA Membership # _____ Nationality _____

Address _____

Postcode _____ Telephone _____ Handphone _____

Email _____ Vegetarian Meals required No / Yes

I enclose a total of \$ Members total \$ Guest total \$

Cash Amount Cheque # Bank Name

Master Card Visa Card number Expiry Date _____

Name of card holder _____ Signature _____

Please cross cheques and make payable to 'ANZA'. Include your ANZA membership number, the function name and date on the reverse of the cheque.

Declaration/Disclaimer (Adults and accompanying children)
 IN CONSIDERATION of the Australian and New Zealand Association (ANZA) accepting me and/or my child(ren) as participants in the above mentioned activity, I, for myself, my heirs, executors or administrators AND ALSO in my capacity as parent and legal guardian for my child(ren) or charges and their heirs, DO remise, release and forever discharge ANZA, its officers, servants, agents and any other persons authorised by ANZA, from all and any claims, demands, actions or cause of action on account of the death of myself or my child(ren) or on account of any injury (including any injury resulting in death) however caused or sustained by me or my child(ren) and for the loss of or any damage to (however caused) our personal belongings suffered at any time during our participation in the above mentioned activity. FURTHER, I irrevocably authorise and consent to the use of any photograph, videotape, slide or likeness of myself or my child(ren) for the publicity purposes of ANZA.

Signed _____ Date _____

Member's full name _____

**Please write the names of ALL the participants on the reverse side of this form.
 No refunds will be given for cancellations after the RSVP date.**

OFFICE USE ONLY
Receipt #
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Name _____	Membership# _____	/ Guest <input type="checkbox"/>
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