

Chinmaya Mission Australia
Registration Form
A.B.N.63 224 595 801

Child's Name	Age	M/F

Specify one parent's full name for contact:

Address: _____

Telephone: _____

E-mail: _____

Any Medical Conditions, allergies, special dietary needs: _____

I authorise the volunteers of Chinmaya Mission to take any medical action that is needed in the event of an emergency.

Pay by Cash/Choque/Credit Card
Please make cheques payable to
"Chinmaya Mission Australia"

Total Amount: \$ _____

Credit Card Payment:

Cardholders Name: _____

(Please Tick) Visa Bank Card Master Card

Card Number:

□□□□ □□□□ □□□□ □□□□

Expiry Date: ____/____

Signature: _____

Amount enclosed: \$ _____

Transaction date(Mission use only): ____/____