

CLOAKE-COULING FAMILY REUNION REGISTRATION FORM

Contact Person	Contact Address	Town/City	Country	Post Code	
Home Phone Number	Work Phone Number	Fax Number	Mobile Number	Email Address	
First Name	Surname	Registration Fee	Bus Trip	Dinner	Total
		<input type="checkbox"/> NZ\$30.00 Adult <input type="checkbox"/> No Charge - School Child	<input type="checkbox"/> NZ\$35.00 Adult/Child	<input type="checkbox"/> NZ\$35.00 Adult <input type="checkbox"/> NZ\$12.00 Child 7-14 <input type="checkbox"/> No Charge Child under 6	
		<input type="checkbox"/> NZ\$30.00 Adult <input type="checkbox"/> No Charge - School Child	<input type="checkbox"/> NZ\$35.00 Adult/Child	<input type="checkbox"/> NZ\$35.00 Adult <input type="checkbox"/> NZ\$12.00 Child 7-14 <input type="checkbox"/> No Charge Child under 6	
		<input type="checkbox"/> NZ\$30.00 Adult <input type="checkbox"/> No Charge - School Child	<input type="checkbox"/> NZ\$35.00 Adult/Child	<input type="checkbox"/> NZ\$35.00 Adult <input type="checkbox"/> NZ\$12.00 Child 7-14 <input type="checkbox"/> No Charge Child under 6	
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Signed: _____		Date: _____	<input type="checkbox"/> Cheque enclosed <input type="checkbox"/> Direct Credit <input type="checkbox"/> Cash at Event	Total Amount Payable: _____	