



## Registration Form

Parent/Guardian name/s: \_\_\_\_\_

Contact no: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive follow up emails? Yes / No (you can unsubscribe at anytime)

Is this your first 'Sparky and Shady' event? Yes / No

How did you find out about 'Sparky and Shady'? \_\_\_\_\_

### Children's details (please complete for each child attending)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Aspirations for your child? (What are you hoping to gain from the program?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Aspirations for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Aspirations for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

