

CONFERENCE REGISTRATION

Registration and bookings for onsite accommodation open **Tuesday, 16 October 2018 at 9:30am.**

3 ways to register:

1. Online at www.easterconvention.com
2. Return this form by mail to Katoomba Christian Convention, PO Box 156, Burwood NSW 1805
3. Return this form by fax to 1300 737 145 or email to kcc@kcc.org.au

ADULT (PLEASE COMPLETE ALL FIELDS)

Adult's First Name _____
 Surname _____
 Spouse Name (if Attending) _____
 Address _____
 Suburb _____
 State _____ Postcode _____
 Ph. Home () _____ Work () _____
 Mobile _____
 Email _____
 Church _____

TICK FOR DAILY REGISTRATION ONLY:

Friday Saturday Sunday Monday

REGISTRATION FEES

Qty		WKND Rate (Fri-Mon)	Daily Rate
	Adult	\$122	\$57
	Adult Concession*	\$96	\$41
	Child	\$96	\$36
	Child Concession*	\$57	\$25
	Evening Session		\$25
	Family Package A** (2 adults, 1 child)	\$315	
	Family Package B** (2 adults, 2 child)	\$385	
	Family Package C** (2 adults, 3+ child)	\$465	
<input type="checkbox"/>	I would like to enable another family to attend and will contribute	\$	
	TOTAL	\$	

*Concession Rate is available for full time students, single parents, pensioners, the unemployed, and their children (the Child Concession ticket).

** Family packages are for 2 adults and dependant children under the age of 18. Over 18 year old will need to purchase a concession or adult ticket.

Cheque enclosed
 (make payable to Katoomba Christian Convention)
 Charge \$ _____ to my MasterCard
 Visa

Card No. _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date: _ _ / _ _ CSV: _ _ _

Name on Card: _____

Signature: _____



CHILD ONE

Child's First Name _____
 Surname _____
 Name of Parents/Guardians _____
 Emergency Contact No. _____
 Date of Birth _____
 School Year _____

Program

- Tiny tots** up to 12 mths **Primary** yrs 3 - 6
 Mini-Mites up to 12 - 24 mths **Junior High** yrs 7 - 9
 Preschool 3 yrs - school age **Senior High** yrs 10 - 12
 Infants Kindergarten - yr 2

Session Attendance

To enable as many children as possible to participate, please indicate which sessions your child will be attending:

Day	Morning (All Programs)	Evening (Primary & Junior High Only)
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	

MEDICAL CONDITIONS/ALLERGIES/OTHER SPECIAL NEEDS

NB: Despite our best efforts, KCC cannot guarantee that the children's and youth program will be free of products to which your child is allergic.

If your child has special medical needs, these must be advised in writing to the KCC Office by 1 March 2019. Whilst all reasonable care will be taken, Katoomba Christian Convention Limited, and their associated staff, council, committee members and volunteers cannot be held liable for the treatment of any medical conditions.

ADDITIONAL DETAILS FOR TINY TOTS, MINI MITES, KEENITES & PRE-SCHOOL

My child wears a nappy Yes No
 My child is toilet trained Yes No
 My child has a pacifier or other security object Yes No

Declaration: I declare that the information I have given is true and correct.

Signature of Parent: _____

Date: _____

CONFERENCE REGISTRATION



CHILD TWO

Child's First Name _____
 Surname _____
 Name of Parents/Guardians _____
 Emergency Contact No. _____
 Date of Birth _____
 School Year _____

Program

- Tiny tots** up to 12 mths **Primary** yrs 3 - 6
 Mini-Mites up to 12 - 24 mths **Junior High** yrs 7 - 9
 Preschool 3 yrs - school age **Senior High** yrs 10 - 12
 Infants Kindergarten - yr 2

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Day	Morning <i>(All Programs)</i>	Evening <i>(Primary & Junior High Only)</i>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	

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- My child wears a nappy Yes No
 My child is toilet trained Yes No
 My child has a pacifier or other security object Yes No

Declaration: I declare that the information I have given is true and correct.

Signature of Parent: _____

Date: _____

CHILD THREE

Child's First Name _____
 Surname _____
 Name of Parents/Guardians _____
 Emergency Contact No. _____
 Date of Birth _____
 School Year _____

Program

- Tiny tots** up to 12 mths **Primary** yrs 3 - 6
 Mini-Mites up to 12 - 24 mths **Junior High** yrs 7 - 9
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 Infants Kindergarten - yr 2

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Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	

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