

FROCKTOBER REGISTRATION

NAME _____

PHONE# (h) _____

(m) _____

EMAIL _____

CHILD MINDING? NO YES- If 'yes' how many

& age? _____

DATE REGISTERED _____

AMOUNT PAID \$20 \$30 Other \$ _____

**Don't forget money (cash) for the expo
& make sure you wear your favourite frock!**

PAYMENT TYPE

Cash Credit Cheque

Cheque payable to "Calvary Christian
Church- Woman's"

CREDIT CARD#

_____/_____/_____/_____/_____

EXPIRY ____/____

CCV _____

SIGNATURE



Supporting Breast
Cancer Research



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