

Registration Form
CRCA Women's Convention Sunshine Coast 29.05.2020 – 01.06.2020

Full name			
Address:			
Phone:		Mobile:	
Email:			
Date of birth:			
Emergency contact (name):			
Emergency contact (phone):			
Congregation:		State:	

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you have specific medical needs that require you to have a bottom bunk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any allergies or medical issues we should know about? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you use a CPAP machine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you need disabled access? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you one of the following? a Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> or qualified in First Aid <input type="checkbox"/> | | |
| 6. Do you have any medical dietary requirements? Please state | | |

7. Is there someone with whom you would like to share a room?

Costs

8. Your Accommodation Fee	\$	See brochure for details.
9. Day Visitor Fees	\$	Which day(s)?
10. Your Linen Hire	\$	
11. Your Airport Transfers	\$	See brochure for costs and bus times.
12. Your Total Expense	\$	

13. Payment Method	Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Direct Deposit <input type="checkbox"/>
14. Amount and Date Paid	

Travel (this information can be emailed at a later date)

15. I will make my own arrangements and do not need airport transfer.
16. I will need airport transfer (See brochure for details and bus times).

Arriving: (Airport, date, time, carrier, flight number)

Departing: (Airport, date, time, carrier, flight number)

To save and email this Registration Form, please click on "File" then "Save As" on desktop as "Registration Form 2020". Then click on "Save" and lastly email the file as an attachment to Wendy at wendyjoyvowles@gmail.com