



# Registration Form



## Lifestart Kayak for Kids Sunday 25 March 2012

Please complete both entry and payment details and return  
by fax to: **02 6108 3687** or email: **kayakforkids@arocsport.com.au**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

| Class           | Number of entries | Cost per entry* \$ | Sub Total |
|-----------------|-------------------|--------------------|-----------|
| Single          |                   | 85                 |           |
| Double          |                   | 150                |           |
| Team of 3       |                   | 360                |           |
| Team of 4 to 12 |                   | 660                |           |

\* Entry includes GST – Team entry includes one three person kayak, life vests and three paddles

N.B. Offline entries close Friday 9 March 2012

### Payment Details

#### Credit Card

Mastercard  Visa  Amex Amount: \$ \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

For alternative payment options please email Alina at  
kayakforkids@arocsport.com.au

#### Donation

I am unable to participate but please accept my enclosed  
donation of \$ \_\_\_\_\_

Please send cheques to Lifestart Co-operative Ltd at PO Box 3277,  
Putney NSW 2112





# Registration Form



## Team Details

This completed form must be supplied prior to entrants entering the water on Sunday 25 March and can be handed in at the registration desk at the event. Please note that it is obligatory for both safety and insurance purposes that these team details are provided.

| Solo                        |  | Double                      | Member 1 | Member 2 |
|-----------------------------|--|-----------------------------|----------|----------|
| First Name                  |  | First Name                  |          |          |
| Surname                     |  | Surname                     |          |          |
| Address                     |  | Address                     |          |          |
| Suburb                      |  | Suburb                      |          |          |
| Postcode                    |  | Postcode                    |          |          |
| Phone                       |  | Phone                       |          |          |
| Email                       |  | Email                       |          |          |
| Medical Condition/s         |  | Medical Condition/s         |          |          |
| Emergency Contact and Phone |  | Emergency Contact and Phone |          |          |

| Team                        | Name                    |               |               |                |                |                | Company (If applicable) |  |  |  |  |  |
|-----------------------------|-------------------------|---------------|---------------|----------------|----------------|----------------|-------------------------|--|--|--|--|--|
|                             | Team Captain (Member 1) | Team Member 2 | Team Member 3 | Team Member 4  | Team Member 5  | Team Member 6  |                         |  |  |  |  |  |
| First Name                  |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Surname                     |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Address                     |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Suburb                      |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Postcode                    |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Phone                       |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Email                       |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Medical Condition/s         |                         |               |               |                |                |                |                         |  |  |  |  |  |
|                             | Team Member 7           | Team Member 8 | Team Member 9 | Team Member 10 | Team Member 11 | Team Member 12 |                         |  |  |  |  |  |
| First Name                  |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Surname                     |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Address                     |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Suburb                      |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Postcode                    |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Phone                       |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Email                       |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Medical Condition/s         |                         |               |               |                |                |                |                         |  |  |  |  |  |
| Emergency Contact and Phone |                         |               |               |                |                |                |                         |  |  |  |  |  |