



OUTDOOR
RE-CREATION
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REGISTRATION FORM

Please complete and send this section with your payment

THE ACTIVITY WHICH I / WE WOULD LIKE TO BOOK INTO:

_____ on ____ / ____ / ____

PARTICIPANT'S NAME: 1 _____

EMAIL ADDRESS: _____

POSTAL ADDRESS: _____ PC: _____

TELEPHONE: (H) _____ (W): _____ (M): _____

PARTICIPANT'S NAME: 2 _____

EMAIL ADDRESS: _____

POSTAL ADDRESS: _____ PC: _____

TELEPHONE: (H) _____ (W): _____ (M): _____

PLEASE CHARGE MY CREDIT CARD AUD\$ _____

BANKCARD

VISA

MASTERCARD

CARD NO.

CARD HOLDERS NAME: _____ EXP DATE: /

CARDHOLDERS SIGNATURE: _____

Please note that a receipt will be sent to confirm payment only if requested.

All payments will appear on your credit card statement as Wilderness Escape Outdoor Adventures Pty Ltd.

OFFICE USE ONLY	Tick	Date	Name of staff processing
Paid			
Processed			
Confirmation letter sent (circle method) Post Email Fax			