

KaBOOM! Toons

workshop registration form

name _____ D.O.B. ____ / ____ / ____

parent/guardian _____

phone _____ mobile _____

address _____

email _____

medical conditions no yes please state _____

I, _____ give do not give
KaBOOM! Toons permission to photograph my child for the use on the website
www.kaboomtoons.com and promotional material only.
signed. _____

workshop information

after school program

school term (1,2,3 or 4)

location _____

holiday workshop

date ____ / ____ / ____

location _____

send your form to :

KaBOOM! Toons
PO Box 30
Mount Hawthorn
6016



***PAYMENT CAN BE MADE BY CHEQUE
or INTERNET TRANSFER ONLY.**

*Cheques to be made payable to
KaBOOM! Toons Pty Ltd.

*Internet details **KaBOOM! Toons**
Westpac Bank BSB - 036044 Acc - 253741
Please use your child's name as reference.