

## **Program Information**

Please print cle	early.				
Name:				Age:	_
Male	Female	Prefe	r not to say		
Address:					
Suburb:					
Post Code:					
Telephone: Home:			Mobile:		_
Email:					
Do you have additi	onal needs?	Yes	No		
If yes, please desc	ribe:				
					-
Do you require use	of the Crèche i	f available for th	nis program?	Yes	No
If yes please comp	lete crèche enro	olment form and	l pay crèche fee	es with registration.	
Do you want to rec	eive information	n about program	s and events a	t the Darius Wells Lil	brary
and Resource Cen	tre?	Yes	No		

Program fees must be paid in full at the Darius Wells Library and Resource Centre at least 24 hours before the start of the program.

Program Titles:	Date/s:	Time:	Cost:
1.			\$
2.			\$
3.			\$
			Total \$

Please note that school aged children will not be accepted into programs that are run during school hours.