



APPLICATION TO ATTEND YOUTH ANZAAS 2007

Black ink and block letters please!

REGISTRATION INFORMATION [to be completed by the student]

Your Full Name:[given]..... [family]

Your Full Home Address:.....

.....

State..... Postcode.....

Postal Address (if different).....

Your Home Telephone Number[s]: ()......

Your date of birth:Your gender.....

Which year are you in at school?

Special requirements or needs: *[list here any special dietary requirements [not food fads], any medical conditions including any medication of which the ANZAAS organisers need to be aware, etc.]*

PERMISSION BY PARENT, GUARDIAN OR AUTHORISED CARE-GIVER

*[This section **must be completed in full** and signed where indicated]*

In case of accident or illness befalling *[insert name of student]*.....

I / we authorise Youth ANZAAS organisers and supervisors to approve any emergency medical

Treatment for *[insert name of student]*

Name:Father / Mother/ Guardian / Authorised Care Giver
[Delete as appropriate]

Home Telephone Number:.....

Work Telephone Number:

Mobile Telephone number:.....
[If inapplicable write 'n/a']

Fax Number:
[If inapplicable write 'n/a']

Any Other Number where an emergency message may be left:..... *[If inapplicable write 'n/a']*

Signed: . Father / Mother/ Guardian / Authorised Care Giver

Date:

ENDORSEMENT BY STUDENT'S SCHOOL SCIENCE TEACHER OR SCHOOL PRINCIPAL

Name: [title]..... [given]..... [family].....

Full Name of School:

Full Address of School:

State:

I can support the application by..... [insert name of student] to be considered for a place at the Youth ANZAAS 2007 Residential Science Forum because:

.....
A deposit of \$30 is required which is FULLY REFUNDABLE up to the time that firm travel details are given to the student

please tick the appropriate box(es):

Full Residential Registration

Non-residential Registration

Single Day Registration (tick which day/s)

Monday Tuesday Wednesday

Conference Dinner (Wednesday evening - optional for single day participants)

Total amount enclosed: \$

Please complete all sections and return this form, as soon as possible together with your deposit cheque to the organiser of Youth ANZAAS 2007 at

Final applications should be received by May 31

NSW contact:
Dr Robert Vickery

2/22 Pacific Street
BRONTE NSW 2024

tel: 02 9369 2705

fax: 02 9385 1558

e-mail: korban@fastmail.fm

Completed application forms cannot be returned electronically or by fax as "real" signatures are required