



REGISTRATION FORM

Please complete and return to your child's school or register online at www.monkeynastix.biz

VENUE DETAILS

School / Centre:

Teacher / Coordinator:

CHILD'S DETAILS

Name:

Surname:

Address:

.....

Postal Code:

Date of birth:

Age:

Gender (PLEASE TICK)

BOY

GIRL



T-shirt size (PLEASE TICK)

2 – 3 Years

3 – 4 Years

5 - 6 Years

7 - 8 Years

9 - 10 Years

11 – 12 Years

PARENT / GUARDIAN CONTACT DETAILS

Home Tel:

Work Tel:

Mobile:

Email Address:

ALLERGY INFORMATION

Please supply any extra information such as allergies, disabilities and behaviours etc. that the instructor must be aware of:

.....

SIGNATORY

Full Name:

Surname:

ID Number:

Date:



Please find the amount of R_____ attached.

Method of payment (PLEASE TICK)

cash

cheque

EFT