



## REGISTRATION FORM

Organisation's Name: \_\_\_\_\_

Organiser's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Brief Details of the Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return the form to the Fragile X Association of Australia to receive your authority to  
fundraise. Fax: 02 9949 8483 or post to The Fragile X Association, 10 Geddes St, Balgowlah  
Heights, NSW 2093.