

**G.A.T.E.WAYS 'NEXT STEP'- 2009 LEADERSHIP SERIES -July 9<sup>th</sup> & 10<sup>th</sup>, 2009**

**APPLICATION/CONSENT FORM/TAX INVOICE -GRADE 6**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male / Female  
 School: \_\_\_\_\_ Grade \_\_\_\_\_  
 Parents' Names: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone:A.H. \_\_\_\_\_ B.H.: \_\_\_\_\_ MOBILE: \_\_\_\_\_

❖ **TICK THE DAY / WORKSHOP WHICH YOU HAVE ALREADY REGISTERED FOR WITH G.A.T.E.WAYS.**

❖ **(DO NOT SEND IN THIS FORM WITHOUT FIRST REGISTERING & HAVING PLACE/S CONFIRMED)**

DAY 1: Thurs July 9 <sup>th</sup> Lead the Way		DAY 2: Friday July 10 <sup>th</sup> Making A Difference	
Leadership Seminar: What's Your Style? Presented by Alison Brown		Leadership Seminar: Thinking and Acting Like a Leader Presented by Karen Green	
Program 1 : Speak Out		Program 1: Change Your World	
Program 2: Train Your Brain		Program 2: Solve Your Problems!	
Program 3: Clear Thinking		Program 3: My Opinion Matters!	

Does your child have any ongoing medical condition? YES / NO. Please specify \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency medication carried by your child: \_\_\_\_\_

**If your child carries an Epi Pen, please forward his/her action plan with this application.**

- In an emergency, if medical assistance is needed for my child, I assent to the staff of G.A.T.E.WAYS taking whatever steps are necessary. (Please note: We regret that G.A.T.E.WAYS staff is unable to dispense medication, except in an emergency).
- **Children should not bring products containing nuts to G.A.T.E.WAYS workshops.**
- I agree that any photos taken of my child at the program can be used in G.A.T.E.WAYS publicity. YES  NO
- I understand that once applications have been confirmed there will be no refunds. (It is important that you complete payment details below.)

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* PLEASE COMPLETE PAYMENT DETAILS HERE \*\*\***

**CHEQUE/MONEY ORDER:** Drawer: \_\_\_\_\_ Bank: \_\_\_\_\_ Amount (incl \$9.00 GST per day):\$99.00(1 day) /\$198.00 (2 days)  
 CARD NO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_  
 EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Amount (incl GST and fee): \$101.00 (1 day)/ \$202.00 (2 days)

VISA    MASTERCARD

**To receive confirmation, please send this completed form/payment with a STAMPED SELF ADDRESSED ENVELOPE to G.A.T.E.WAYS, P.O. BOX 207, BLACKBURN, 3130 within 7 days of registration. NO STAPLES. PLEASE LABEL ENVELOPE:**

*'Next Step' Leadership Series 2009*

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