

Participant Registration



Personal Information

| | |
|--------------------------------|--|
| Name | |
| Address | |
| Phone Number | |
| Email | |
| Date of Birth | |
| Allergies | |
| Significant Medical Conditions | |

Person to Notify in Case of Emergency

| | |
|--------------|--|
| Name | |
| Phone Number | |
| Relationship | |

Charter Acknowledgement

In signing the below, I acknowledge that I have been provided a copy of the Mt Colah Neighbourhood Garden Charter. In doing so, I further acknowledge that I have read and understand the Charter and agree to abide by the Garden Rules stipulated within. If there was any section of the Charter which I did not initially understand or which required clarification, I have sought this clarification and understanding from a member of the Garden Operating Group.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Please return this completed form in person, by mail or email.

Postal Address: Corner Amaroo Avenue & Pacific Highway, Mt Colah NSW 2079

Email Address: contact@mtcolahneighbourhoodgarden.org

