## Library Adventurers' **REGISTRATION FORM** Date: \_\_\_\_\_ Club Name: \_\_\_\_\_ Address: \_\_\_\_\_\_ \_\_\_\_\_ Postcode \_\_\_\_\_ Parent's phone: \_\_\_\_\_\_ Email address: \_\_\_\_\_ Would you like to receive emails about other children's events? YES NO Date of birth: \_\_\_\_\_ Age: \_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent signature: \_\_\_\_\_\_ Library Adventurer's signature: \_\_\_\_\_\_ Library Card Number: A Casey-Cardinia Library Corporation www.cclc.vic.gov.au imagine **explore Understa**nd

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Library Adven	nturers'	REGISTRATION FORM	
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Club	Name		
	Name:Address:		
	Po		
	Parent's phone:		
	Email address:		
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School:			
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Library Adv	venturer's signature:		
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