



GTAV Events Registration Form

Event Name _____

Details

Name of Attendee: _____

School/Institution: _____

Postal Address: _____

_____ **Postcode:** _____

School Phone: _____ **Attendee Mobile:** _____

School Email: _____

Email for registration confirmation: _____

Any special Dietary requirements? _____

METHOD OF PAYMENT

Authorised School order number _____

Cheque enclosed \$..... (Payable to GTAV)

Please debit my credit card for \$.....

Visa MasterCard

Credit Card Number: _____ / _____ / _____ / _____

Name of Cardholder: _____

Card Expiry Date: _____

Signature: _____

Card Holders Phone No. _____

Email address of Cardholder: _____

Once completed, this form
constitutes a Tax Invoice
Please keep a copy for your own
reference

GTAV
PO Box 2066
Camberwell West
Victoria, 3124
Fax: 9824 8295
Phone: 9824 8355
Email: office@gtav.asn.au
Website: <http://www.gtav.asn.au>

Please contact the GTAV office if you do not receive confirmation of your registration