



Capernwray
Australia

TASTE & SEE Application

PERSONAL INFORMATION:

First Name:

Last Name:

Age: Gender:

Address:

Postcode: State:

Phone Number:

Email:

Dates applying for: (Sunday to Friday (DD/MM/YY)

...../...../.....

Applicant's Signature

Parent/Guardian Signature: (if under 18)

COMMENTS: (medical or dietary requirements)

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.....

EMERGENCY CONTACT:

For notification in the event of an emergency

Full Name:

.....

Relationship:

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Contact No.

.....

REFERENCE INFORMATION:

Church leader or Employer

Full Name:

.....

Contact No.

.....

Contact Email:

.....

Office Use Only:

Approved: Y / N

Signed: _____

Date: _____

Capernwray
Australia

Return to: office@capernwrayaustralia.org or
PO Box 210 Moss Vale NSW 2577