



DEBUTANTE REGISTRATION FORM

NAME	<input style="width: 95%;" type="text"/>	DOB	<input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/>
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(full name)

THE	<input style="width: 95%;" type="text"/>	DAUGHTER OF	<input style="width: 95%;" type="text"/>
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(eldest/youngest/second)

ADDRESS	<input style="width: 98%;" type="text"/>
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PHONE	<input style="width: 95%;" type="text"/>	EMAIL	<input style="width: 98%;" type="text"/>
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PARTNERED BY	<input style="width: 98%;" type="text"/>
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SON OF	<input style="width: 98%;" type="text"/>
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REGISTRATION DEPOSIT OF \$70	DATE PAID	<input style="width: 95%;" type="text"/>	RECEIPT NO.	<input style="width: 95%;" type="text"/>
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This deposit must accompany this completed form when submitted to Parish Office. The deposit covers the cost of bouquet and group photo and can be paid online, via credit card or cash or cheque.

Account details are as follows:	BSB No.	084-983		
	Account No.	50900-3239		
	Account Name	St Mary's Parish Warwick		
	Reference	your full name (this is important so that we can apply the payment to the correct payer & debutante)		

I wish to nominate for the Debutante Speech	<input style="width: 95%;" type="text"/>	YES	<input style="width: 95%;" type="text"/>	NO
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I wish to nominate to cut the Debutante Cake	<input style="width: 95%;" type="text"/>	YES	<input style="width: 95%;" type="text"/>	NO
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Please give details of any dietary requirements

PRESENTATION NO.	<input style="width: 95%;" type="text"/>
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