

## REGISTRATION FORM

Please complete this form and hand in at dancing or send by post.

NAME.....

PHONE.....

EMAIL.....

Name of whom you would like to share a room with.

.....

Which meal type do you require?

(Please circle)

VEGETARIAN / NORMAL

Please return this form with your full payment by

**Thursday, 19<sup>th</sup> JUNE 2014**

Full camp programme .....\$440

Saturday only programme with lunch, dinner and party...\$160

Saturday only programme without dinner and party... \$120

Cash or cheque.

Direct bank deposit available, please contact me.

[estherbs1@gmail.com](mailto:estherbs1@gmail.com)

SEND TO:

**MACHOL ISRAELI DANCING CLUB  
C/- 59 FILBERT STREET  
SOUTH CAULFIELD 3162  
VICTORIA**