



~~Registration Form~~

Name:		M/F
Address:		
Phone:	Email	
Next of Kin (in the case of an emergency)		
Name		
Address		Phone
How did you find out about the LADF?		
Do you have a Food allergies or special dietary requirements?		Yes/No
If Yes, please note:		
Do you have and Medical Conditions		Yes/No
If Yes, please fill out Medical Declaration Form (available on website)		
Do you have a Trade or special skills that can be taken into consideration?		Yes/No
If Yes, please note:		

Guidelines

- One Volunteer per Registration Form
- Meals are provided
- You must provide a Police Check
(Note: forms and costs included with a Police Check to be lodged and paid by you directly with the Australian Federal Police)
- You must provide your own transport and camping facilities
- You must declare any Medication Conditions on Medical Declaration Form.
- You are responsible for any medication that you require for the duration of the Festival

I _____ (print name) understand and accept the guidelines required to be a volunteer.

Signature _____

DATE / /

Please return via Email.

For Office Use Only
 Received: / / BY:
 Transferred Information: Y/N
 Police Check Received: Y/N
 Medical Declaration: Y/N
 Volunteer Ref #

Laura Aboriginal Dance Festival Committee

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