

## Nutrition Project Participant Registration Form

Your name:	
Your postal address:	
Phone number #1:	Phone number #2:
Email address:	

Supported by which organisation?	
Contact / support person at home:	Another contact / support person at home or in the office:
Their phone number:	Their phone number:
Do you have your own transport arrangements to get to the course? <input type="checkbox"/> yes <input type="checkbox"/> no Details:	

Preferred days / times / terms for doing the course (Tick all that suit)

<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> 9:30 am <input type="checkbox"/> 11 am <input type="checkbox"/> 2 pm	<input type="checkbox"/> September / October / November 2011 <input type="checkbox"/> January / February / March 2012 <input type="checkbox"/> April / May / June 2012
------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Who filled in this form?
--------------------------

**Please note that this form does not mean you have a place on a course – you will be contacted shortly to discuss your interest further.**