Club DCI





Participant Details

NAME (please print)					
ADDRESS					
STATE/TERRITORY			POSTCO	DE	
TELEPHONE					
EMAIL					
I do / do not grant (copyright ad use, re-use a I may be included intact or reproduction thereof. I und placed into any and all me news stories, or any other	r in part or composi derstand that these edia now in or in per	graphic portraits, vo te, without restriction photographic portra retuity for promotion	oice, video or picto on as to changes aits, videos or pic on, signage, adve	ures of me or transfor tures of me	or in which mations or e may be
I acknowledge that I a	ım:				
Over the age of 18	; or				
☐ The legal guardian	of the following:				
Please list name/s her	e:				
I understand that I can with Catholic Care Disability Se Marketing and Communica 2C West Street, Lewisham NSW 2049 Ph: 13 1 8 19	ervices	/ consent at any tin	ne in writing to:		
Signature:				Date:	