



FACILITY REGISTRATION 2010-2011

Facility Name: _____

Contact Person: _____

Facility Address: _____

Contact Numbers: Phone (03) _____ Fax (03) _____

Email: _____

Registration Fee: \$950 (inc. GST)

Please refer to the attached Watch Around Water Package sheet for more details

This registration entitles your facility to the following:

- 12 Months Accreditation
- Full Resource Kit
- Managers Session
- Staff Professional Development Session (max 30 participants)
- Industry Support

Payment Options: (please tick)

Invoice: Organisation Name: _____
 Address: _____
 Signature: _____

Please find enclosed Cheque / Money Order (please make payable to Aquatics & Recreation Victoria)

Please debit my Credit Card MasterCard Visa Amount \$ _____

Card Number: Expiry Date: /

Cardholders Name: _____ Signature: _____

Please forward completed form to:
Aquatics & Recreation Victoria
Suite 9, Building 3, Unipark - Monash
195 Wellington Road, Clayton VIC 3168
Telephone: (03) 9271 3802 Fax: (03) 9545 0444

Upon receiving this form a confirmation letter will be sent to your facility and a representative from Life Saving Victoria will contact you to organise your Professional Development Session.

