**2021 District Interact & Earlyact Conference**

**Sunday 14th March 2021 from**

**8:30am to 3:00pm**

**Caboolture Memorial Hall, King Street, Caboolture**

**Conference Registration Form**

**Cost $20 per person**

Please RSVP by **Friday, February 26, 2021** by forwarding this registration to:

Email: [interact@rotary9600.org](mailto:interact@rotary9600.org)

or

Rotary International District 9600 Ltd., c/o PO Box 2416, Redcliffe North QLD 4020

To meet the COVID reporting requirements **ALL** attendees are to complete **ALL** sections.

Use N/A in areas that are not relevant to you

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| **Delegate Details – Please PRINT** | | | | | | | | | | |
| **Surname:** | | | **First Name:** | | | | | | | |
| **Home Address:** | | | **Email:** | | | **Phone No:** | | | | |
| **Delegate category (Please tick):** | **Interact Student** | | |  | **Earlyact Student** | | | |  |
|  | **Teacher/Supervisor** | | |  | **Rotarian** | | | |  |
| **Parental Permission and Emergency Contact Information: (for Interact & Earlyact students)** | | | | | | | | | | |
| **Parent/Guardian Name:** | | | | | | | | | | |
| **Home Phone:** | | **Mobile Phone:** | | | | | | | | |
| I give permission for my son/daughter to attend The District Interact & Earlyact Conference on Sunday, 14th March 2021 | | | | | | | | | | |
| My son/daughter is able to have their photo reproduced in Interact publications. | | | | | | | Yes |  | | |
|  | | | | | | | No |  | | |
| **Signature:** | | **Date:** | | | | | | | | |
| **Special Requests** | | | | | | | | | | |
| **Dietary:** | | **Allergies:**  Do you have an epipen? Y/N  ***If ‘Y’, please talk to staff on arrival so they can be aware of where you keep it*** | | | | | | | | |
| **School and Club Details** | | | | | | | | | | |
| **School:** | | **Teacher/Staff Member:** | | | | | | | | |
| **Position in Interact/Earlyact (if any):** | | **Year Level:** | | | | | | | | |
| **Sponsoring Rotary Club:** | | **Rotarian Adviser:** | | | | | | | | |

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| **Teachers, please respond to the following questions:** | | |
| **Will your club be preparing a PowerPoint presentation for the Conference?** | **Yes** |  |
|  | **No** |  |

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| **Payments:** |
| **Invoicing: Please advise who is to pay:**  ***(Please note that your sponsoring Rotary Club may be approached to cover this cost)***  ***(Payment to be made on invoice)***   * **School – Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**     **Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * **Rotary Club: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * **Self: Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **The Registration fee of $20.00 per person is to be paid to:**   * Bank details:  |  |  |  |  | | --- | --- | --- | --- | | **Account Name:** | **Rotary International District 9600 Limited** | | | | **Account No.** | **853832749** | **Branch Name** | **Virginia** | | **Bank** | **NAB** | **Branch No. (BSB)** | **084209** |   **Ref:  *Invoice Number***  **Remittance advice *to be sent to*** [interact@rotary9600.org](mailto:interact@rotary9600.org) |