



PKS FAMILY FUN DAY – REGISTRATION FORM

FULL NAME(Mr/Ms/Miss/Mrs): _____

ADDRESS (optional): _____

SUBURB: _____ POSTCODE _____

MOBILE: _____

EMAIL: _____

Registration is Free.

Disclaimer: I understand and accept the inherent risk of participating this is event and should I incur an injury as a result of my participation, I will not hold the PKS Foundation of Australia liable for damages.

DONATION: Please note PKS Foundation of Australia has a Deductible Gift Recipient(DGR) Status and all donations over \$2 are tax-deductible.

Amount: \$.00

Payment options

1. Cash
2. Cheque made out to the “Pallister-Killian Syndrome Foundation of Australia” and crossed.
3. EFT/Direct deposit:
Account Name: Pallister-Killian Syndrome Foundation of Australia
BSB 036 048 **Account:** 33 0214
Descriptive: Include your Full Name and the word “NSW Donation” (*This will enable us to cross reference the transaction*).
Please also provide the address details where you’d like the Tax Receipt sent to.

Signature: _____

Date _____