

Registration Confirmation Form

For Emergency Services and Retired Personnel Only

Surname:	First Name & Middle Initial:	Date of Birth:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
-----------------	---	-----------------------	---

Emergency Services Agency (Complete this section if applicable)

Service/Agency:	Work Unit/Station:
Preferred Address: (receipt purpose only)	Work Telephone:
E-mail:	Mobile:
	If retired, year of retirement:

If entering as a relative of an emergency services member complete the following:

Name of emergency service member	Relationship to member	Name of Service/Agency
E.g John Smith	Father	DES

Sports Details

Examples				
Sport No.	Sport Description	Event Code	Handicap, Grade Weight (if applicable)	Sport Cost
12	Equestrian	1226	-	\$10.00
20	Push Pull	20T	125kg	\$5.00

Individual Entries				
Sport No.	Sport Description	Event Code	Handicap, Grade Weight (if applicable)	Sport Cost
Other fees if applicable e.g. Golf \$30 or Sailing \$125				
Total Cost(s)				\$

Team Entries					
Sport No.	Sport Description	Event Code	Team Name	Team Captain	Sport Cost
Total Cost (s)					\$

Merchandise

Item Description	Size (if applicable)	Number required	Item Price	Total

Fees (including GST)

Registration Fee	\$25.00
Total Sport Fees:	\$
Merchandise total:	\$
Total Payable	\$

Method of Payment:	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card
/ / /		Expiry Date	/ /

Please make payable to: **Queensland Police Service**

I have read and accepted, and agree to comply with the conditions and rules of participation of the 2009 Queensland Police Games incorporating the Emergency Services.

Signature..... Date:.....