**Registration Form**

Please complete the below form ASAP, and either print and mail it to us (address below) or scan and attach to an email addressed to: info@parkinsons-vic.org.au

First Name:

Last Name:

Email Address:

Are you participating on behalf of an organisation? YES / NO (circle one)

If YES, which one?

Address:

Suburb/Town:

State:

Postcode:

Phone Number:

Where will you be holding your Party for Parkinson’s?

When? \_\_ / \_\_ / \_\_

What is your fundraising goal? $

Would you like us to provide you with a receipt book? YES / NO (circle one)