

Cazalys/
Cabins

Fun!

Laughter!

Friends!



Fun!

Laughter!

Friends!

Membership Form!

Parent full name: _____ Membership # _____

Mobile: _____ Email: _____

Address: _____

_____ Pcode: _____ QLD _____

Emergency Contact Name: _____ Mobile: _____

Child Name: _____ D.O.B: _____ M / F

Allergies/ Disabilities/Special Requirements? _____

Details: _____

Child Name: _____ D.O.B: _____ M / F

Allergies/ Disabilities/Special Requirements? _____

Details: _____

Child Name: _____ D.O.B: _____ M / F

Allergies/ Disabilities/Special Requirements? _____

Details: _____

How did you find out about Cazalys Juniors Kids Club? _____

OFFICE USE

Kids Club Member # _____ Date Issued: _____

Copy of Policy Issued to Parent/Guardian Y / N Date: _____

OFFICE USE