APPLICATION FORM

First Name _____ Surname _____

Address _____

_____

Phone _____ Mobile _____

Email _____

Date of birth _____

Current occupation _____

Dietary requirements _____

Corps _____

PAYMENT

○ I enclose a cheque for $50 made payable to The Salvation Army, representing full payment, or

○ Credit Card Details:

○ Visa ○ Mastercard ○ Amex Expiry Date ____/____

Signature of cardholder _____

Date _____

Send to:
Craig & Donna Todd, PO Box 63 Bexley Nth NSW 2207

THE SALVATION ARMY