## OFFICIAL OZTAG INDIVIDUAL REGISTRATION FORM

REGISTRATION NUMBER

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ASSOCIATION | | | | | | | | | | | | | | | | | | |
| FIRST NAME/S | | | | | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | | | | | | | | | | |
| SCHOOL *(Jnrs only)* | | | | | | | | | | | | | | | | | | |
| D.O.B (dd/mm/yyyy) | | | / | | | / | | | | | GENDER | | M | F | (please circle) | | | |
| Street No & Name | | | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | | | | | | | | |
| Postcode | | | | | | | State | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | |
| Best Contact # | | | | | | | | | | | I do not wish to receive marketing emails/sms (tick box) | | | | | | | |
| Signature: | | | | | | | | | | Date: | | | | | | | | |


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| D.O.B (dd/mm/yyyy) | | | / | | | / | | | | | GENDER | | M | F | (please circle) | | | |
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| Suburb | | | | | | | | | | | | | | | | | | |
| Postcode | | | | | | | State | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | |
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| FIRST NAME/S | | | | | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | | | | | | | | | | |
| SCHOOL *(Jnrs only)* | | | | | | | | | | | | | | | | | | |
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