## **Student Application Form**

	os Science Experience, PO Box 158, ail to: admin@scienceexperience.com.au
Name:	
Parent's Email Address	S:
Address:	
Suburb/Postcode:	
Phone:	Mobile:
Date of Birth: /	
School:	Phone: (0)
Address:	
Suburb/Post Code:	
Year Level in 2015:	Name of Science Teacher:
Choice of Program	
First:	
Second:	
PAYMENT METHOD: EITH	HER BY CHEQUE OR CREDIT CARD
Experience for \$12 GST (4 day program	er made payable to The Science 0 inc.GST (3 day program) or \$160 inc. n) included with this application.  Mastercard
Card No:	
Expiry Date:/	/Amount: \$
Cardholder's Name:	
Cardholder's Signature	:
ROTARY SPONSORSHIP: TO BE COMPLETED BY R	OTARY REPRESENTATIVE
The Rotary Club of:	District:
This Club offers sponso	orship to the amount of: \$
Student Contribution (i	f applicable): \$
Contact Address:	
Suburb/Post Code:	
Email:	
Phone: (0)	Rotarian's Signature:

For Further details: www.scienceexperience.com.au or (03) 9756 7534

Please note: Refunds are available (minus \$25 administration fee) up until 4 weeks before the particular program commences.

ABN 90 610 500 296