

REGISTRATION FORM

WINEMAKER FOR A WEEKEND

Privacy Statement:

This form is to gather information about you and your participation in a program offered by the Queensland College of Wine Tourism. We will use this information for program administrative purposes such as issuing certificates of attendance. Information on this form will remain securely stored at the College, and will not be made available to any third party.

Please Note:

- The College may contact you in the future to provide information on upcoming events and learning opportunities.

Title: Mr Mrs Ms Other

First Name: _____

Last Name: _____

Home Address: _____

Postal Address: _____

Phone: _____ Mobile: _____

Email: _____

Special Needs: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Signature: _____

Date: ____/____/____

