

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

