

KRALJ TOMISLAV FOLKLORE ENSEMBLE REGISTRATION FORM

Croatian Cultural Society of NZ Inc



Date: _____

Name: _____
(parent/caregiver of child in case of children)

Address: _____

Phone Number: _____

Mobile Number: _____

Email Address: _____

Please tick a box to indicate your Croatian Cultural Society membership status:
(CCS membership is required to register with Kralj Tomislav Folklore Ensemble)

- ☐ Individual/Husband & Wife Membership ☐ Associate Member
☐ Family Membership ☐ Non-member

Registration : Kolo membership is from 1 January till the 31st December

- ☐ Individual Registration \$150pa
☐ Second Family Member \$75pa
☐ Family Registration (3 or more) \$250pa

Indicate Payment Method:

- ☐ Cash ☐ Cheque Total Payment Included: _____
☐ Online Payment: BNZ 02-0152-0020000-003 Reference: surname Code: your ph no.
Particulars: Kolo

If this is a registration for 2 or more members please list their names and groups below:

Junior (4-10yrs) Middle (11-16yrs) Senior (16 yrs & over) Orchestra

Name: _____	Group: _____
Name: _____	Group: _____
Name: _____	Group: _____
Name: _____	Group: _____

All fees are payable by the 30th March 2012

All fees are GST inclusive

Cheques payable to Croatian Cultural Society of NZ Inc
P.O Box 83 139, Edmonton, Waitakere 0652