



**Registration Form**  
RMFN Spouses and family program Broome weekend  
Saturday 9 & Sunday 10 May 2009

Name .....

Children's names and ages.....

Address.....

Mobile number.....

Email.....

**Please circle**

**Saturday**

**Yes / No** I /we would like to attend the RMFN family program Saturday morning 8.30am - 1.30pm

**Yes / No** I/we would like to join the Saturday afternoon group and visit Malcolm Douglas crocodile park from 2.30pm - 4.00pm

**Yes / No** I / we will be attending the poolside family dinner at Cable Beach club resort.

Number of adults.....Names and ages of children.....

.....

**Please note: Payment for dinner tickets to be included on doctor's payment summary.**

**Sunday morning.**

**Yes / No** I /we will attend the Sunday morning beach walk at 9.00am followed by morning tea at Cable Beach resort. (Location TBA)

**Yes /No** I/ we will attend the morning tea only for spouses and children at 10.30am

Yes, I understand I am fully responsible for the safety and well-being of my own children at all times and will provide my own water bottles, hats and sunscreen.

Signed.....

Payment details for spouses program - total \$30.00 per adult.

Visa/Matsercard.....expiry.....

Any queries please feel free to call Wendy on 08 6389 4507.  
(Please note: Wendy is on leave until Tuesday 28<sup>th</sup> April 2009.)

Registrations closes Friday 2<sup>nd</sup> May 2009, please fax or email this registration with payment to Wendy Williams fax 08 6389 4501 or email [rmfn@ruralhealthwest.com.au](mailto:rmfn@ruralhealthwest.com.au)