

**REST CENTRE REGISTRATION FORM**

|                                |             |                          |                      |
|--------------------------------|-------------|--------------------------|----------------------|
| DATE                           | __/__/__    | <b>REGISTRATION FORM</b> | SER.NO: _____        |
| PLEASE WRITE IN BLOCK CAPITALS |             |                          |                      |
| SURNAME                        | _____       |                          |                      |
| FIRST NAMES:                   | _____       |                          |                      |
| MY FULL ADDRESS IS:            | _____       |                          |                      |
|                                | _____       |                          |                      |
|                                | _____       |                          |                      |
| MY DATE OF BIRTH IS:           | __/__/__    |                          |                      |
| PLEASE TICK:                   | MALE [    ] | FEMALE [    ]            | SPECIAL NEEDS [    ] |

**REST CENTRE DEPARTURE FORM**

|                                    |                          |                       |                 |
|------------------------------------|--------------------------|-----------------------|-----------------|
| DATE                               | __/__/__                 | <b>DEPARTURE FORM</b> | SER. NO. [    ] |
| PLEASE WRITE IN BLOCK CAPITALS     |                          |                       |                 |
| I AM LEAVING THIS REST CENTRE AND: |                          |                       |                 |
| (A) RETURNING TO MY HOME ADDRESS   | <input type="checkbox"/> |                       |                 |
| (B) GOING TO ANOTHER DESTINATION:  | <input type="checkbox"/> |                       |                 |
| NAME OF CONTACT:                   | _____                    |                       |                 |
| ADDRESS                            | _____                    |                       |                 |
|                                    | _____                    |                       |                 |
|                                    | TEL No: _____            |                       |                 |