**St Aloysius Parish Debutante Ball Registration Form**

**Debutante:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | Date of Birth: |  |
| **Given Names:** |  | | | | |
| Street Address: |  | | | | |
| Suburb: |  | | | Postcode: |  |
| Contact Number: |  | | Email: |  | |
| School & Year Level (if applicable) in year of Deb Ball | | |  | | |
| **Parent or Guardian**  (if under 18) |  | | | Contact Number: |  |
| Email address for correspondence: | |  | | | |

**Partner:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | Date of Birth: |  |
| **Given Name:** |  | | | | |
| Street Address: |  | | | | |
| Suburb: |  | | | Postcode: |  |
| Contact Number: |  | | Email: |  | |
| School & Year Level (if applicable) in year of Deb Ball | | |  | | |
| **Parent or Guardian**  (if under 18) |  | | | Contact Number: |  |
| Email address for correspondence: | |  | | | |

Do you wish to make your Debutante with a group of friends? Please provide a contact person for the group who will be required to provide a list of names.

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| --- | --- | --- | --- |
| Contact Person for group: |  | Contact Number: |  |
| Email Address: |  | | |

I (full name) ……………………………………………………………………………………. wish to register my application as a Debutante for the St Aloysius Parish Debutante Ball. I agree to comply with the conditions set out by the organising committee and will meet all costs associated with my participation.

Signature: ……………………………………………………….. Date: ………………………………………………….

Parent / Guardian Name: …………………………………………………….. Date: ………………………………………………….

Signature: ……………………………………….

***A non-refundable 50% deposit of the $360.00*** *registration fee is required to be paid when submitting the completed Registration form and posted to St* ***Aloysius Parish Deb Ball, C/- PO Box 272, Sebastopol, 3356.*** *A registration form cannot be accepted without the deposit.*

*For Direct Deposit:* ***Account Name:*** *St Aloysius Parish Debutante Ball -* ***BSB****: 083 532 -* ***Account No****: 2425 67560 Contact us* [secretary@ballaratdebs.com.au](mailto:secretary@ballaratdebs.com.au) *for alternative payment arrangements including cash. Please refer to the information sheet for further information.*

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| ***Office Use only***  *Payment received YES/ No* | *Amount received:* | *Payment Method:* | *Receipt Issued: YES / NO* |